



Epistaxis and Monkeypox: A Little Mentioned Clinical Problem

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Dear Editor,

The resurgence of viral illnesses like monkey pox will be among the biggest focused public health problems by the medical society in 2022.^{1,2)} Zoonosis is likely to be the origin of monkey pox, a relatively rare pox infection.¹⁾ As more cases have been recorded in other countries, the medical community has grown alarmed.²⁾ At present, it might be a bit hyperbolic and too early to suggest monkeypox is a mounting health crisis, when its incidence and transmission are mainly in niche subpopulations, and public concerns are often driven by media-provoked paranoid. However, collecting knowledge about this little - known disease is useful. Currently, research is being done on human-to-human transfer. An accurate and early diagnosis of monkey pox requires a detailed understanding of its clinical symptoms. A fascinating issue in contemporary therapeutic treatment, monkeypox manifests in a variety of clinical symptoms. It is crucial to comprehend the potential for a global pandemic as soon as feasible. The likelihood of a pandemic is the biggest worry. The situation must be assessed whenever a fresh problem appears. Mystery surrounds the latest monkeypox outbreak.^{1,2)} Despite the fact that the disease's precise etiology is unknown, it has spread quickly to over 25 nations outside of Africa. Despite the fact that the illness is primarily zoonotic, evidence of human-to-human transmission exists too. It is not necessary to take the patient's temperature or examine their skin, even if they frequently develop a fever and rash.^{1,2)} The distinctive vesicular cutaneous lesion that characterizes monkey typically coexists with a feverish illness.¹⁾ The presence of clinical signs supports the diagnosis

of monkeypox. However, it is highly challenging to establish the disease and identify its cause based solely on clinical symptoms in the absence of reliable diagnostic testing. Monkeypox can be detected using a variety of techniques, including genetic, phenotypic, immunological, and electron microscopy.³⁾ In developing nations where this disease is widespread, these tests may not be available since they call for up-to-date tools and skilled hands.³⁾ There is no proven cure for monkeypox as of yet. In order to lessen the severity of symptoms and to administer the smallpox vaccination within 2 weeks of exposure, the Center of Disease Control advises doing so within 4 days after exposure.³⁾ The uncommon clinical presentation is however conceivable. There are several possible unusual clinical presentations in monkeypox. Examples are gastrointestinal and neurological problems. There are numerous potential clinical issues in relation to the monkeypox clinical features that Ear, Nose, Throat (ENT) doctors could discuss during the appointment. It is conceivable for monkeypox to cause an isolated oral lesion, and this could be the initial symptom that ENT specialists must treat.⁴⁾ When monkeypox first manifests as mouth sores, there is frequently no prior history of a fever disease. The association with the history of oral sexual activity may provide insight into the diagnosis.⁴⁾ In addition to the oral issue, monkeypox may also cause a nasal issue. The epistaxis is a significant issue.

Here, the authors want to call attention to the little-discussed rhinological presentation of monkeypox. Epistaxis is a crucial but underappreciated clinical manifestation. Given that monkeypox patients frequently experience low platelet counts. Ep-

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istaxis is a potential hemorrhagic manifestation of monkeypox and may be related to bleeding presentation.⁵⁾ There may or may not have been a fever or skin rash present in the patient.⁴⁾ In previous monkeypox animal model experimental studies, epistaxis has been proven to be a possible clinical problem.⁵⁾ Regarding the pathophysiology, thrombocytopenia may be the cause of epistaxis, or it may result from another recognizable phenomenon such as microthrombi or capillary damage brought on by a virus. According to the author's experience in Nigeria, many monkeypox cases have thrombocytopenia issues, and bleeding manifestations, including epistaxis, are possible.⁶⁾ The previous report in Africa indicated that nearly all cases of monkeypox were associated with epistaxis, but there was no mention of any pathology related to virus-induced microthrombi or capillary defects.⁷⁾ The clinical course might start with fever, nasal discharge, and then nose bleeding in cases with thrombocytopenia.⁷⁾ According to prior experience from Africa, the patient may have profuse epistaxis and may also be experiencing a variety of hemorrhagic disorders at the same time, including hematemesis and anal bleeding.⁷⁾ Additionally, a recent report indicates that nasal lesions were the predominant presentation for monkeypox cases.⁸⁾ If the ENT doctor does not recognize for the potential unusual presentation, the monkeypox can go undetected. The nose wound may be the origin of epistaxis. Given the trend of an increasing number of monkeypox cases, it is necessary to recognize the clinical problem. It's vital to note this disease's significant and unusual presentation. Epistaxis is a potential manifestation that should be remembered.

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Author Contribution

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