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Letter to the Editor

Low hematocrit is very common among monkeypox male cases: Observations

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To the Editor,

A novel zoonotic pox diseases are usually a new important problem in infectious medicine, in addition to the well-known classical pox infections [1]. At present, monkeypox has already spread over America and European countries, resulting in a serious public health threat [2]. Basically, monkeypox is a rare type of pox that is related to zoonosis. However, a possibility of human-to-human transfer is currently being investigated due to the present outbreak in 2022. The medical community is concerned as the number of reported cases in various nations rapidly increases, and proper preparation is essential to correspond to this new emerging problem.

The emergence of coronavirus disease underlined the significance of quickly and successfully responding to a new disease outbreak. For the current monkeypox situation, the possibility of a big outbreak is still an issue to be monitored. Hence, we need to act fast to conduct a full investigation on the disease and put the required necessary preventive actions in place [2]. This is also true in the present outbreak of monkeypox. Other than Africa, the number of new cases of monkeypox in large clusters is fast increasing in a number of nations, particularly the United States [3]. Typically, monkeypox comes with fever and cutaneous pathology. However, atypical clinical signs of monkeypox include afebrile appearance and the absence of a prominent skin lesion [1].

The hematological alteration in monkeypox is well reported in terms of thrombocytopenia. There is minimal clinical information available on hematocrit. The authors attempted a retrospective analysis of the available data on 19 male monkeypox cases [4, 5]. Because all of the individuals analyzed were male gender, the influence of menstruation can be completely ruled out. Low hematocrit levels (<39%) were seen in 18 of the 19 instances (94.7%; 95% CI=57.9–100%). This discovery may lead to the identification of anemia as the first clinical sign of monkeypox infection. As previously stated, an unusual presentation with no fever or rash is possible; therefore, a complete blood count with a low hematocrit level may be a possible laboratory presentation monkeypox. The present report might show that the low hematocrit is a common clinical problem in monkeypox patients but it should recognize that there are other possible confounding problems such as iron deficiency anemia and hemoglobinopathy that might coexist in a case with monkeypox. Further study on the pathophysiology and etiology of low hemomatocrit finding in a monkeypox patient is an interesting issue for further study in clinical hematology.

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