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Exploring long-term sequelae following epidemic Mpox reveals a high frequency of scarring

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Introduction & Objectives:

Mpox incidence of the 2022 epidemic among men who have sex with men (MSM) caused by the monkeypox virus (MPXV) has substantially decreased, yet new cases are still occurring. Particularly in high-income countries, transmission occurs primarily during sexual activities. The epidemic caused by MPXV clade IIb is usually a self-limiting disease with low mortality, which contrasts with 1-10% mortality rate reported for endemic Mpox caused by clade I. However, individuals infected with the epidemic MPXV clade IIb are frequently concerned about potential scarring as permanent sequelae. While scar formations are a common feature of smallpox and endemic Mpox caused by MPXV clade I, it is unclear whether lesions of the less virulent clade IIb 2022 outbreak resolve without scars. We thus aimed to investigate the long-term outcome defined as the incidence of scarring following Mpox infections of the 2022 outbreak.

Materials & Methods:

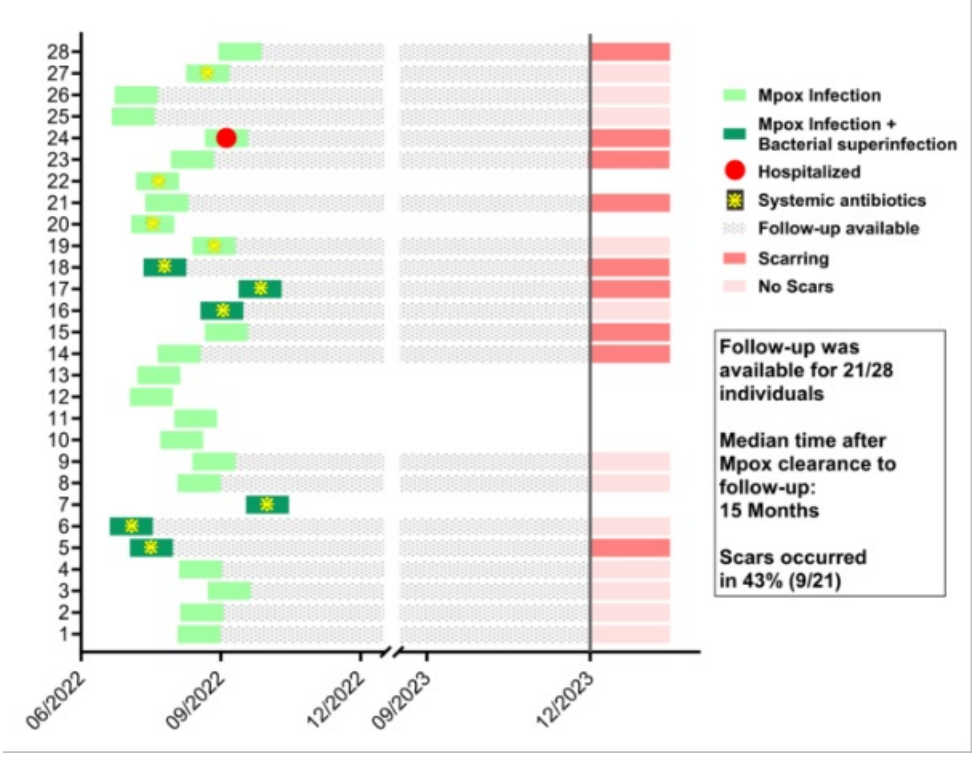
All individuals diagnosed with Mpox at the Department of Dermatology at the Medical University of Vienna in 2022 were included in this analysis. Follow-up data was collected throughout November 2023. “Scarring/scar formation” was defined as having at least one scar at the former active Mpox lesions.

Results:

Twenty-eight cases of Mpox were detected between 06/2022 and 10/2022 (Figure). All occurred among MSM 100% (28/28), 46% (13/28) were living with HIV, whereas 32% (9/28) were using PrEP. All patients were symptomatic: pain (68%, 19/28), lymphadenopathy (54%, 15/28), papules (54%, 15/28), pustules (43%, 12/28) and ulcers (68%, 19/28) whereas three patients also presented with a generalized rash. Three individuals had a co-infection with gonorrhea, and in a single person early syphilis was diagnosed. Secondary bacterial infection of Mpox lesions was suspected in 6 individuals, and all received systemic antibiotics. Twenty-one patients had follow-up available (median time of follow-up 15 months), whereas seven individuals were lost to follow-up. Of those 21 individuals, 43% (9/21) showed scarring at least at one site of previous Mpox lesions.

Conclusion:

Our study provides clinically relevant new data on the long-term lesional outcome following Mpox and thereby offers insights on late sequelae. Almost half of all patients experienced residual scar formation. This underlines the importance of further improving prevention strategies to contain the epidemic.



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