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## Primary Care Diabetes

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## Letter to the Editor

## Comment on article on monkeypox, covid and diabetes

Dear Editor, we would like to share ideas on the publication “Diabetes mellitus: Lessons from COVID-19 for monkeypox infection [1].” PubMed and Google Scholar were searched for publications published between January 1985 and August 2022 by Ruiz-Pacheco et al. All works written in English were included, although there were no established publication data criteria [1]. There are currently no investigations on the risk or effects of monkeypox infection in the diabetic community, according to Ruiz-Pacheco et al. [1]. According to RuizPacheco et al., a significant section of the human population is now susceptible to monkeypox because of the high prevalence of diabetes and the discontinuation of the smallpox vaccination. The population’s best course of action is to avoid infection and utilize hypoglycemia medications, which have also been demonstrated to enhance immune systems linked to virus defense [1]. It may or may not be able to reach a conclusion. Drawing a conclusion for the current study may be difficult without taking confounding factors into account. One of the many issues raised in the published articles is the proper diagnosis of monkeypox in laypeople. It is worth noting the report’s unusual presentation of monkeypox. There are several other variables to consider in addition to the previously mentioned common monkeypox concerns. Given the long history of co-occurrence [2–4], any potential coinfections must be taken seriously. Because monkeypox and HIV are both common clinical issues that can co-infect and are often overlooked, clinical issues related to HIV may arise despite coinfection. Since monkeypox and HIV are both prevalent clinical disorders that can co-infect and may be ignored, clinical difficulties related to HIV may still develop despite coinfection. The results of the dermatological examination could be hidden by another peculiar or unique monkeypox symptom. The dermatological examination may be hidden by another unique or rare monkeypox symptom, which may be the initial clinical presentation [5]. On the other hand, several clinical issues with diabetes can be readily overlooked. Atypical eruptive xanthoma, which is present in diabetes and is sometimes mistaken for a monkeypox characteristic, is a suitable illustration [6]. It’s also important to consider any additional environmental factors that can influence the likelihood that monkeypox will arise. This problem is comparable to that of concurrent co-morbidity. According to a recent study, the frequency of daily instances of monkeypox in European nations has been strongly correlated with the environmental pollutants PM2.5, PM10, NO2, and O3. A risk factor for the daily incidence of monkeypox cases is environmental contamination [7]. Last but not least, when addressing potential limitations of molecular diagnostic testing, keep in mind the

accessibility of the diagnostic instrument. The quality control procedure needs to be taken into account for molecular testing to be practical. Every time, a monkeypox misdiagnosis needs to be looked into [8]. Currently, quality control needs to be significantly enhanced [8]. The previous study found that some diagnostic labs can have trouble conclusively identifying whether a patient has monkeypox.

## Conflict of interest

None.

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