

Mpox

CARING FOR THE SKIN

The mpox virus causes lesions to form on the body. While these can be located anywhere, many individuals during the current outbreak have experienced lesions in the anogenital region, though involvement of other areas including the face, extremities, and mucosal areas such as the mouth have also occurred.¹⁻³

While the number of lesions can vary widely, a recent CDC report indicated that the majority of cases in the current outbreak develop less than 50 lesions.^{4,5} No matter the number, mpox lesions can lead to both atrophic and hypertrophic scarring.^{6,7}

For individuals who have developed lesions from a mpox infection, care should be taken to ensure lesions heal properly with minimal scarring. Though data on lesion healing in mpox infections is limited, information on wound healing in general, as well as care for similar skin lesions from other infections, can aid in understanding how to best care for mpox lesions and prevent scarring:



Wash skin with a mild soap and water.⁸

To avoid potential transmission, ask patients not to share towels, bath linens, or clothing with others.



Mpox lesions are considered infectious until they have healed

(scabs have fallen off and a fresh layer of intact skin has formed). Therefore, the CDC recommends that all rashes should be covered to the extent possible (for example, by wearing long sleeves and long pants). Mpox isolation and infection control at home guidelines from the CDC can be found [here](#).



Keep affected sites and individual lesions covered.

In general, all lesions of mpox are considered infectious (capable of transmitting infection) through contact, and it is advisable to keep affected sites and individual lesions covered.



Antiseptics or anti-bacterial agents

are only required if there is concern for bacterial infection.⁸⁻¹⁵



If the lesion becomes infected,

patients should contact their physician or other healthcare provider immediately.



After lesions have healed,

if there is concern for scarring, silicone-based gels or sheeting may also be used.^{10,16}



Sun protection

(broad spectrum SPF 30 or higher) should also be emphasized for several months after lesion resolution to avoid hyper or hypopigmentation of lesions or scars.¹⁰



No scratching.

Individuals with mpox lesions should be instructed not to scratch or unroof lesions or scabs, which may lead to secondary infection. Dermatologists should suggest keeping fingernails short to avoid unintentional scratching.^{9,17}



To help soothe skin, baths may be taken.

Alternatively, sitz baths and warm or cool compresses may help in soothing lesions in the anogenital region.¹⁷⁻¹⁹



Certain patients may qualify for mpox-specific therapeutics;

consultation with appropriate specialists as necessary may be indicated to identify the most up-to-date options.

For more information about mpox, visit the CDC site for mpox at: www.cdc.gov/mpox

References

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