

INFECTION

What is fuelling the monkeypox outbreak?

In July 2022, the WHO declared a public health emergency of international concern regarding monkeypox — a viral disease caused by monkeypox virus (MPXV). Interestingly, the 2022 MPXV outbreak seems to be particularly focused in men who have sex with men (MSM) and is displaying characteristics of a sexually transmitted infection (STI), with symptoms often confined to the anogenital region.

The scale of this outbreak is much larger than previous ones; one hypothesis for this is that the outbreak is driven by undiagnosed cases, which might be due to asymptomatic infections (which are, therefore, spread unknowingly) or to unrecognized infection, whereby the signs of MPXV were attributed to another pathogen.

In order to investigate this hypothesis, stored samples, which had been collected for routine oropharyngeal and anorectal gonorrhoea and/or chlamydia tests at the Institute of Tropical Medicine in Antwerp, Belgium, during May 2022, were retrospectively analysed for MPXV DNA. The samples came from 224 men who had symptoms of these STIs or who were at high risk, including MSM with HIV, MSM using HIV pre-exposure prophylaxis and men who were notified of a diagnosis of gonorrhoea and/or chlamydia in a recent partner.

PCR analysis identified four samples that were positive for MPXV; three of these came from men who were asymptomatic and the other from a patient who had reported a rash that had been attributed to a herpes flare-up. The diagnosis of the asymptomatic men was confirmed using a number of further techniques, including whole-genome sequencing and viral isolation.

The detection of previously undiagnosed monkeypox suggests that case finding must be intensified in order to reduce the spread of the virus. In particular, the symptoms and signs of MPXV infection should be better communicated to health-care workers to prevent misdiagnosis, and populations at high risk should be encouraged to keep records for contact tracing and to understand that transmission can be possible even when asymptomatic.

Annette Fenner

ORIGINAL ARTICLE De Baetselier, I. et al. Retrospective detection of asymptomatic monkeypox virus infections among male sexual health clinic attendees in Belgium. *Nat. Med.* <https://doi.org/10.1038/s41591-022-02004-w> (2022)

FROM THE MEETING

A great gathering at the 4th Clinical and Scientific Advances in UTI conference

Over 2 weeks in July 2022, the Urinary Tract Infection Global Alliance (UTIGA) hosted the 4th Clinical and Scientific Advances in Urinary Tract Infections (UTI) meeting. This conference was back after a 3-year hiatus caused by COVID-19 and, owing to the pandemic, the organizers decided to use an innovative online platform to hold the meeting.

The Gather video platform has been designed to promote the human element in virtual interactions. For conferences specifically, this platform provides a customizable space that “transforms your event into an immersive experience that captivates attendees from start to finish”. Hosts create a space that suits their needs and participants create an avatar that can move around this space and interact with other attendees, reminiscent of an in-person meeting. The decisions to hold the meeting in the Gather platform and spaced over 2 weeks enabled the best attendance of the conference to date, with a truly global participation.

The programme included an excellent mix of talks, panel discussions and poster sessions, as well as dedicated career development sessions for early-career researchers. The conference overall had a real focus on promoting and supporting early-stage researchers, which was great to see.

The panel discussions on the clinical management of UTI and the importance of antibiotic stewardship were particularly interesting and informative, providing insights into the unique challenges of UTI diagnosis and treatment in different settings.

The talks and posters were wide ranging, from understanding the molecular biology of UTI pathogenesis to clinical manifestations and management implications, making the topics of this conference truly bench to bedside and enhancing understanding of this important disease.

In conclusion, this meeting was innovative in content and construction and the future of research in UTI is bright.

Louise Stone

STONES

Secondary kidney stones — remove or leave?

Small, asymptomatic kidney stones (≤ 6 mm) are often observed during removal of symptomatic stones, and no clear indications are provided by current guidelines on the need to remove these small stones, owing to a lack of prospective studies. In a multicentre, prospective, randomized trial, 75 patients who were scheduled to undergo endoscopic removal of primary stones were randomized 1:1 to receive or not receive surgical removal of small (secondary) kidney stones (treatment and control group, respectively), and the results were published in the *New England Journal of Medicine*. The primary outcome was relapse, measured as emergency department visits, subsequent surgery to remove stones or growth of secondary stones. At a mean follow-up time of 4.2 years, the cumulative incidence of relapse was higher in the treatment group than in untreated patients ($P < 0.001$ by log-rank test), and the restricted mean time to relapse was longer in patients from the treatment group than in patients who did not undergo removal of secondary stones ($1,631.6 \pm 72.8$ versus 934.2 ± 121.8 days). Relapse occurred in 16% and

63% of patients from the treatment and control groups, respectively. Removal of secondary stones resulted in a median additional surgery time of 25.2 minutes. No increase in emergency department visits within 2 weeks (13% versus 11%) or in self-reported stone passage (21% versus 29%) was observed in patients undergoing removal of secondary stones compared with patients from the untreated group. Overall, results from this trial support the removal of small, asymptomatic kidney stones. The costs of additional surgery time are estimated to be much lower than the costs of subsequent surgery and/or emergency visits for patients who undergo relapse. The authors highlighted some limitations of the study, including the relatively small size and the presence of few non-white patients, but results from this trial highlight the benefit of removing secondary stones, filling a gap in the field.

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ORIGINAL ARTICLE Sorensen, M. D. et al. Removal of small, asymptomatic kidney stones and incidence of relapse. *N. Engl. J. Med.* <https://doi.org/10.1056/NEJMoa2204253> (2022)