To the Editor—I read the article “Eyelid tumours and pseudotumours in Hong Kong: a ten-year experience” by Ho et al with interest. I previously published an article titled “Malignant eyelid tumors in Hong Kong 1997-2009” in an overseas journal back in 2011 focusing on malignant eyelid tumours. While both Ho and I found basal cell carcinoma (BCC) was the most common malignant eyelid tumour among Hong Kong Chinese, BCC constituted 75% of all malignant eyelid tumours as noted from my study in contrast to 43% as reported in Ho’s paper.

Population-based studies of malignant eyelid tumours have been carried out in western and Asian countries, which have yielded both clinical and epidemiological differences among different ethnicities. I agree with Ho’s description that differences were present even among Chinese populations residing in different areas. Indeed, I conducted my study so as to determine the epidemiological and clinical characteristics of patients with malignant eyelid tumours in Hong Kong, and to compare our results with findings from elsewhere.

In addition, my study involved calculation of age-specific and age-standardised incidences of malignant eyelid tumours in Hong Kong. The age-specific incidence was low until approximately 45 years of age and then rose sharply. Furthermore, the annual age-standardised incidence of malignant eyelid tumours we found increased from 0.6 per million in 1997 to 2.3 per million in 2009. For more representative data of malignant eyelid tumours in Hong Kong, I suggest performing a cross-centre study involving all hospital authority clusters.

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References

Authors’ reply
To the Editor—We would like to thank Dr Mak for her suggestions. The observed disparity in the various epidemiological indices between Dr Mak’s study and ours may be due to factors like differences in sampling frame, sampling size, case mix, and populational composition variation. We welcome the suggestion of further scientific collaboration.

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