conservatively.⁴ Nevertheless, we would recommend an early surgical consult and careful monitoring after retroperitoneal perforation, even in patients who have had an apparently benign early clinical course.

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Non-melanoma skin cancer in Hong Kong

Authors' reply

To the Editor—We are pleased to respond to the letter written by Burd and Cheung.¹ As there is not a skin cancer registry in Hong Kong to pool the clinical data of non-melanoma skin cancers from different sectors, we all face the same problems with respect to data analysis. The Social Hygiene Service is a major public dermatological unit serving the whole territory of Hong Kong. The data used in our analysis was extracted from all clinics under the Service and hence was representative of patients seeing public dermatologists. The major drawback, as mentioned in the first paragraph of the Discussion, was that we could not include data from other specialties or the private sector. Therefore, the incidence of non-melanoma skin cancer reported by us is likely to be lower than the actual incidence in

the territory. A skin cancer registry or prospective population-based epidemiological study may solve this problem. We hope that our paper has stimulated the interest of other parties for further research on this issue.

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