



Letter to the Editor

A Rare Case of Conjunctival Melanoma with Orbital Invasion

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Dear Editor,

The case of conjunctival melanoma reported by Rajbhandari et al (Rajbhandari et al., 2019) brought to our attention how two completely different environments can have similar unattended patients. Conjunctival melanoma represents 2% of all malignant tumors of the eyeball and 5% of the melanomas of the eyeball (Shields and Shields, 2004). This condition shows considerable clinical variability, so it is important to recognize early-stage lesions to achieve early diagnosis and timely management, and thus avoid local recurrences or distant metastases (Shields and Shields, 2004). In this case, the presence of ocular trauma motivated the consultation and allowed for aggressive management that probably saved the patient's life. Unfortunately, the lack of follow-up due to absenteeism does not allow us to know the evolution.

Visual impairment and blindness have been reported as one of the most feared problems by people, even at the same level as a cancer

diagnosis (Scott et al., 2016). The lack of opportunities for routine consultation in rural areas in some countries has been reported as a risk factor for irreversible visual compromise, especially when it is linked to diseases such as diabetic retinopathy and glaucoma (Marmamula et al., 2017). In this report, the situation is even more serious because malignant hyperpigmented lesions of the ocular surface, which originated from a primary acquired melanosis on a conjunctival nevus, can cause death if not detected and treated on time.

Nepal's socioeconomic status is one of the lowest in the world (Deraniyagala, 2005, The World Bank Group, 2019) whereas Colombia is a growing economy (The World Bank Group, 2019). Despite both countries having very different economies, both countries have patients with eye tumors in advanced stages without adequate follow-up such as the one described in the case in discussion. This is largely associated with disparities in healthcare. The analysis of inequity in healthcare has illustrated the differences in relation to eye care and is also a tool for decision-making in public health. Studies indicate the existence of barriers that determine health disparities from three different sources: individual factors (beliefs and preferences, race, ethnicity, culture, family context, education and resources), provider factors (notably potential stereotyping by providers of patients from different racial/ethnic

Financial Interest: Nil

Conflict of Interest: Nil

Received: 05.06.2020

Accepted: 10.07.2020

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groups and patient – provider communication problems) and barriers within the health care system (health service organization, financing, delivery and quality improvement) (Kilbourne et al., 2006).

Multiple studies have reported less use of ophthalmology health services in low-income countries (Ramke et al., 2018). It is also known that in many countries the need for eye care is higher in rural areas where there are fewer health workers involved in eye care (Gilbert and Patel, 2018).

Without accessible health services, people with eye diseases, especially those from low- and middle-income countries (LMIC), end up self-medicating or consulting unqualified personnel for the management of eye pathologies. These interventions are dangerous and delay proper care (World Health Organization, 2019). For South Asian countries like Nepal, as well as geographically distant countries like Colombia and other LMIC, the challenges to provide adequate care to all patients with ocular compromise are numerous.

The World Health Organization (WHO) recommends five actions to face these challenges and meet the needs of eye diseases of any population: 1) Make eye care part of universal health coverage, 2) Implement focused, integrated eye care for people, 3) Promote high-quality implementation and research of health systems that complement the existing evidence for effective eye care interventions, 4) Track trends and evaluate the progress of integrated eye care, and 5) Empower individuals and communities to address eye care needs through increased awareness (World Health Organization, 2019).

With this letter, we aim to increase the sensitivity of decision-makers and ophthalmology teams globally to the different situations that patients with rare oncological eye pathologies go through based on disparities and unmet needs

in eye care. It is our duty as providers and researchers to build evidence around healthcare gaps and to develop interventions to improve eye care for the well-being of our communities locally and globally.

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