

Comment on: A rare case of unilateral diffuse melanocytic proliferation

Sir,

We read with great interest the case report by Ayachit *et al.*^[1] describing unilateral presentation of diffuse uveal melanocytic proliferation (DUMP) syndrome. The authors must be complemented on immaculate documentation of this rare case with multimodal imaging.

However, a couple of areas need clarification. Oral tamoxifen was started for this patient with biopsy-proven metastatic breast cancer as the tumor had estrogen and progesterone receptor (PR) positivity. Tamoxifen has been shown to be the treatment of choice for postmenopausal females with PR-positive metastatic breast cancer.^[2] How did the primary site respond to chemotherapy? If the tumor reduced in size after chemotherapy, is it not possible that the paraneoplastic syndrome associated with it would also reduce in severity/intensity?

Second, DUMP is a paraneoplastic phenomenon and hence to institute intravitreal bevacizumab (IVB) therapy for this entity defies logic. Furthermore, regression shown by the authors on optical coherence tomography is after 2 months after starting tamoxifen and IVB. The authors cite the report by Lin *et al.*, in which the efficacy of IVB for choroidal metastasis due to colon cancer is highlighted.^[3] DUMP is distinct from metastasis and occurs due to distant effect of the primary tumor. To ascribe the resolution of subretinal fluid and improvement of visual acuity solely to IVB would be incorrect, especially when it is known that even plasmapheresis/steroids do not work in most cases of DUMP.^[4,5]

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Conflicts of interest

There are no conflicts of interest.

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