

Aggressive orbital rhabdomyosarcoma in adulthood: A case report in a public hospital in Damascus, Syria

Sir,

I read with interest the case report by Ahmad *et al.*^[1] on the orbital rhabdomyosarcoma (RMS) in a 36-year-old Syrian patient. The authors interestingly described the clinical presentation, imaging and histopathologic findings, and treatment protocol in the studied patient. I presume that the highly aggressive nature of the tumor and its rare occurrence at an unusual site should alert the authors to consider jeopardized immune status in the studied patient. Among jeopardized immune states, human immunodeficiency virus (HIV) infection is of utmost importance. My presumption is based on the following point. It is obvious that individuals infected with HIV are more susceptible to various forms of tumors compared to immunocompetent individuals. The increased susceptibility has been attributed to different factors, including immunosuppression, coinfection with oncogenic viruses, and life prolongation secondary to the use of antiretroviral therapy.^[2] Though Syria is considered a country with a low prevalence of HIV epidemic, with very low levels of HIV infection among the general population as well as among key populations at risk, such as female sex workers and their clients, men who are homosexual, and injecting drug users,^[3] the eroded health-care system in Syria over the past few years because of continuing conflict together with the deliberate targeting health professionals and health facilities have led to substantial decreased access to health-care services. More than half of the health-care facilities are closed or partly functioning with the exodus of more than half of the health professionals. In such inimical environments, the susceptibility to HIV acquisition and transmission is expected to be augmented.^[4] I, therefore, presume that underlying HIV infection in the studied patient ought to be seriously considered. Hence, determining HIV status through the diagnostic battery of blood CD4 lymphocyte count and viral overload estimations was envisaged. If those cluster of tests were to disclose HIV infection, the case in question could be confidently regarded a novel case report in adulthood. This is because HIV-associated orbital RMS has been reported only in the pediatric literature.^[5]

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Conflicts of interest

There are no conflicts of interest.

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