Scholars Journal of Applied Medical Sciences (SJAMS)
Abbreviated Key Title: Sch. J. App. Med. Sci.
ISSN 2320-6691 (Online)
ISSN 2347-954X (Print)

A Unit of Scholars Academic and Scientific Society, India
www.saspublishers.com

Pathology

Kissing Nevus of Eyelids - A Rare Case Report

Dr.Sarojini Raman[1], Dr.Prajna Das[2*], Dr.Kanakalata Dash[3]
[1]Associate Professor, Department of Pathology, KIMS, Bhubaneswar India
[2]Assistant Professor, Department of Pathology, KIMS, Bhubaneswar India
[3]Department of Pathology, KIMS, Bhubaneswar India

Case Report

***Corresponding author**
Dr. Prajna Das

Article History
Received: 16.09.2018
Accepted: 26.09.2018
Published: 30.09.2018

DOI:
10.36347/sjams.2018.v06i09.067

Abstract: Kissing nevus is a type of congenital compound nevus that affects equal portions of the upper and lower eyelids extending to the lid margins. These are rare melanocytic lesions. Only 30 cases are reported in the literature. Herein we report a case of kissing nevus of both the eyelids of right eye who presented with the complaints of cosmesis and visual disturbance.
Keywords: Kissing nevus, eyelids, congenital melanocytic nevus.

INTRODUCTION

Kissing nevus of eyelid is a rare form of congenital compound nevus which occurs on adjacent parts of upper and lowers eyelids in such a manner that it appears as a single large nevus when both the eyelids are opposed together [2]. Due to this characteristic feature it is called 'kissing nevus'[3]. It is also known as 'divided or split or melanocytic nevus'. It usually appears during infancy but may rarely appear during adulthood. Its worldwide incidence is 1% of newborns [4]. It is a rare entity and only 30 cases are reported till date [1].

CASE REPORT

An 11yrs old female child came to Ophthalmology OPD with complaints of visual disturbances and velvety blackish growth on medial aspect of upper and lower eyelids of right eye since birth (Fig 1). She was operated and the tissue was sent to Department of Pathology, KIMS, Bhubaneswar. On gross examination, two pieces of greyish black tissue were received each measuring 1x0.5x0.4cm.

Histopathological sections showed normal appearing stratified squamous epithelium. Nests of nevus cells were present in epidermis, bases of rete ridges and papillary as well as reticular dermis separated by fibro collagenous stroma infiltrated by sparse chronic inflammatory cells (Fig 2,3). Melanin pigments were present in the nevi cells. There were signs of maturation of nevi cells by formation of spindle cells (Fig 4).

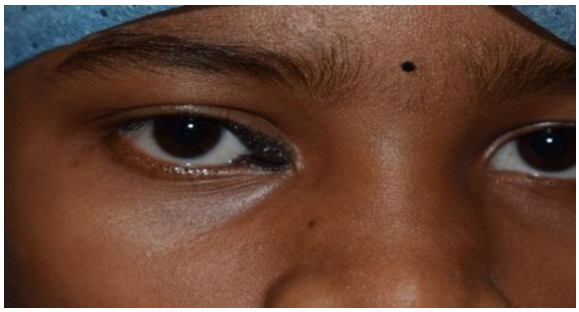

Fig-1: Photograph of congenital divided nevus of the right upper and lower eyelids

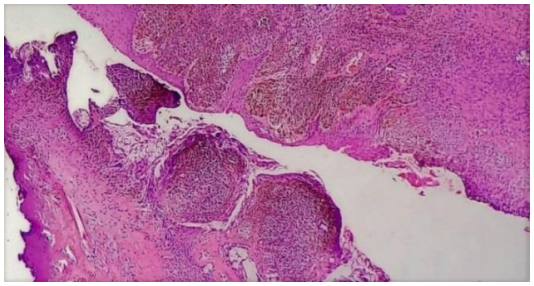

Fig-2: Nevus cells in epidermis and dermis of both eye lids H&E 100X

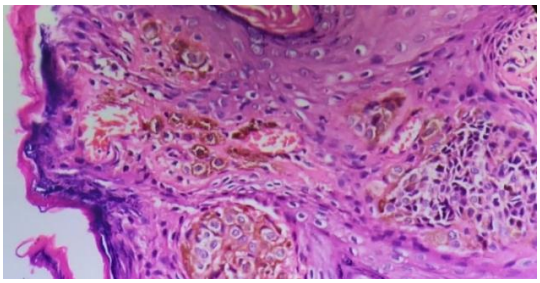

Fig-3: Nevi cells in epidermis and dermis, H&E 400x

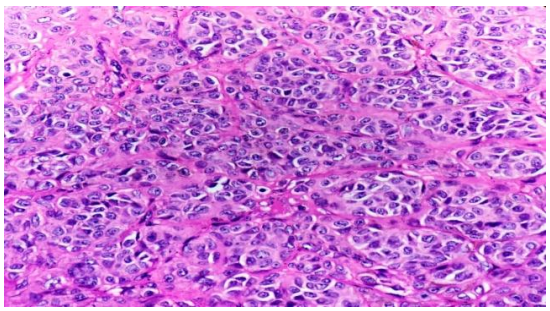

Fig-4: Nevi cells in nests H&E 400x

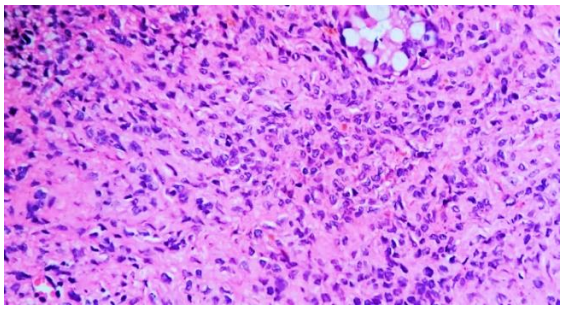

Fig-5: Maturation of nevi cells H&E 400x

DISCUSSION

Kissing nevus of the eyelid was first reported by Von Micheal in 1908 and the name was first used by Fuchs in 1919. Its development starts when there is migration of melanocytes during the embryological fusion of the lids at 9th week of gestation [3]. The lids remain fused till 24 weeks after which they gradually separate. Hence, the kissing nevus appears between 9 to 24 weeks of gestation when the melanocytes accumulate at the fused eyelid, which on separation leads to formation of two distinct nevi, one each on both upper and lower eye lids [5]. Usually these nevi are located on the medial aspect of the eyelids but may rarely be seen laterally or in the canthal region. It may cause psychological stress along with functional along with visual problems during childhood and rarely becomes malignant [6]. Keeping in view the development of deprivation amblyopia and the malignant potentiality, early surgical treatment is recommended [7].

CONCLUSION

Kissing nevi of the eyelids are rare congenital lesions. These are cosmetically unacceptable and can cause functional problems including ptosis and visual field defects. These have chance of recurrence with rarely malignant transformation, hence requires surgical excision along with reconstruction.

REFERENCES

1. Gian Chand Rajput, DeeptiMahajan, KulbhushanPrakashChaudhary. Kissing naevus arising from neural crest cells presenting as upper and the lower lid mass, J Neurosci Rural Pract. 2015 Jul-Sep; 6(3): 417–419.
2. McDonnell PJ, Mayou BJ. Congenital divided naevus of the eyelids. Br J Ophthalmol. 1988; 72:198–201
3. Westfall CT, Shore JW, Rubin PA, Jakobiec FA. Kissing nevus masquerading as a viral papilloma. Ophthalmic Surg. 1991; 22:614–5.
4. Wu-Chen WY, Bernardino CR, Rubin PA. The clinical evolution of a kissing naevus after incomplete excision.Br J Ophthalmol. 2004 Jun;88(6):848-9.
5. Andersen H, Ehlers N, Matthiessen ME. Histochemistry and development of the human eyelids. Actaophthalmologica. 1965 Oct;43(5):642-68.
6. Mrinal Gupta. Kissing nevus of eyelids – Report of two cases. Journal of Pakistan Association of Dermatologists. 2016;26 (4):392-394.
7. Alfano C, Chiummariello S, De Gado F, Fioramonti P, Bistoni G, Scuderi N. Divided nevus of the eyelids: three case studies. In vivo. 2007; 21:137-9.