



## A CLINICAL CASE REPORT OF A LARGE MELANOCYTIC NEVUS OF EYELID MARGIN

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### ABSTRACT

A 35 year old female patient presented with a right upper eyelid mass. The patient gave no history of trauma or surgery. On examination, there was a large pigmented mass involving 3/4th of eyelid margin. Shave excision was done. Histopathology sections demonstrated an intradermal melanocytic nevus. A thorough Pubmed search did not reveal an acquired eyelid margin nevus of this size which was successfully managed. Healing was allowed by secondary intention and no graft was placed.

**KEYWORDS:** Nevus, acquired, excision, eyelid.

### INTRODUCTION

The skin of the eyelids is the thinnest of the body. There is very little fat in preseptal and preorbital skin, and fat is absent from pretarsal skin. The skin epithelium is keratinized stratified squamous epithelium. Melanocytes are present in the basal layer of the epithelium.

Most eyelid tumors are of cutaneous origin, mostly epidermal, which can be divided into epithelial and melanocytic tumors.<sup>[1]</sup>

Benign pigmented lesions of the eyelid are freckles, lentigo simplex, solar lentigo, melasma and melanocytic nevus. Nevi (moles) can be congenital or acquired. Acquired nevi can be junctional, compound or intradermal. The most active nevus is the junctional nevus.<sup>[2]</sup>

### CASE REPORT

A 35-year-old female patient presented with a swelling of the right upper eyelid of 1 years' duration. The swelling which was initially the size of a rice grain started increasing in size since the last 1 year, causing cosmetic embarrassment to the patient. There was no associated pain or redness. There was no history of ocular trauma, previous surgery or any systemic illness. On examination, the upper eyelid margin showed a large irregular mass of 1.7 cm length [Fig 1]. There were no signs of inflammation and the overlying skin appeared pigmented and papillomatous. There was associated eyelash trichomegaly [Fig 2]. There was no other pigmented lesion in the conjunctiva, sclera or uveal tract. The left eye examination was normal. There were no other lesions elsewhere like on face, neck and trunk, and

rest of the systemic examination was also normal. The patient was posted for shave excision and the complete mass was removed in toto [Fig 3]. No graft was placed. The patient was started on oral antibiotics and anti-inflammatory drugs. There was minimal lid edema on the 1st postoperative day [Fig 4]. She was started on topical antibiotics. By the 10th postoperative day, the edema had totally subsided and healing occurred by secondary intention. Histopathology reports showed, on gross appearance, a single elongated skin covered tissue piece, with attached hair shaft, measuring 1.7 X 0.3 X 0.2 cm. Microscopic section revealed skin. Dermis showed sheets of round to oval cells with round to vesicular nuclei, with or without prominent nucleoli and moderate to scanty cytoplasm anisonucleosis. Functional activity was not evident. Deeper tissue showed adnexal structures and congested blood vessels. The histopathological features were suggestive of intradermal nevus [Fig 5].



**Figure 1: Pigmented lesion involving 3/4<sup>th</sup> eyelid margin.**



Figure 2: Eyelash trichomegaly.



Figure 3: Complete removal of mass.



Figure 4: 1<sup>st</sup> post-operative day.

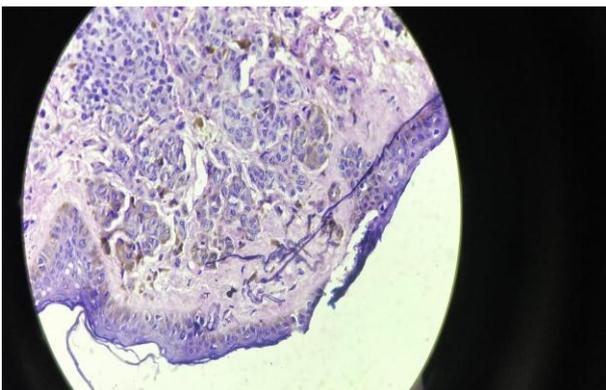


Figure 5: Microscopic features suggestive of intradermal nevus.

## DISCUSSION

Benign tumors are significantly more common than malignant tumors with an obvious female predominance.<sup>[3]</sup> The clinical characteristics of benign lesions are lack of induration and ulceration, uniform color, limited growth, regular outline and preservation of normal lid margin structures.<sup>[4]</sup> A retrospective study of 2228 cases with eyelid tumors done by Yu SS, et al showed that 85.7% tumors were benign. Similarly in a study done by Gundogan FC, et al, out of 1541 patients 92.5% were benign tumors.<sup>[5]</sup>

Congenital melanocytic nevi occur in approximately 1% of newborns.<sup>[6]</sup> Spindle-epithelioid cell nevus, also termed as juvenile melanoma or Spitz nevus, is a pink-to-orange dome-shaped nodule occurring in children and young adults.

Acquired nevi can involve eyelid skin, eyelid margin and conjunctiva. The junctional nevus is located at the junction of the epidermis and dermis and has a low potential for malignant transformation. The compound nevus extends from the epidermis into the dermis while the intradermal nevus which occurs in older age group is confined to the dermis and has no malignant potential.

Treatment options of nevi include surgical excision and ablation with laser. A study done by Lee SE, et al suggested that combined treatment with Er:YAG laser and long-pulsed alexandrite laser is effective for the removal of small benign melanocytic nevi with minimal adverse effects and low recurrence rates.<sup>[7]</sup> Considering the large size and location of the mass in this case, surgical excision was thought to be the treatment of choice after taking opinions of dermatologist and plastic surgeon.

## CONCLUSION

This study presents a large melanocytic nevus at the eyelid margin treated with shave excision. Considering the large size of the lesion regular follow up will be maintained for detecting recurrence.

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