

Divided Nevus of the Eyelids (Report of two cases)

ALT VE ÜST GÖZ KAPAKLARININ BÖLÜNmüş NEVÜSÜ (2 OLGU BİLDİRİMİ)

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Summary

Divided nevus is a rare congenital anomaly that occurs on adjacent parts of the upper and lower eyelid and may give the appearance of a single lesion when the eye is closed. Two cases of rare divided nevus anomaly are presented in this paper. The mass in front of the eye was excised in the first case. We achieved an acceptable functional and aesthetic result at the end of the procedure. The second case refused any surgical procedure.

Key Words: Divided nevus, Eyelid, Surgery

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Özet

Bölünmüş nevüs alt ve üst göz kapaklarında ayrı ayrı oluşan ve göz kapakları kapalı iken tek bir lezyon izlenimi veren konjenital bir anomalidir. Yazımızda nadir görülen bir anomali olan divided nevüslü iki olgu sunulmuştur. Birinci vakada hastanın görme fonksiyonunu bozan kitle ortadan kaldırılmış ve kabul edilebilir bir sonuç alınmıştır. İkinci vaka ise operasyonu kabul etmemiştir.

Anahtar Kelimeler: Bölünmüş nevüs, Gözkaşağı, Cerrahi

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Divided nevus is a rare congenital anomaly of the eyelids. Since the lids are fused from the ninth week until the twentieth week of gestation, one may propose that the precursor elements of the nevus develop during that specific time. For this reason divided nevus of the eyelids may be considered as an indicator of intrauterine nevus occurrence period. Divided nevus of the lids was first described in 1919 by Fuchs (1). Here we represent two cases of divided nevus of the eyelids.

Case Reports

Case 1: A 16-year-old female patient was referred to our clinic with a congenital divided compound nevus of the upper and lower left eyelids. She has not received any treatment in the past. On examination, 1/2 of the upper lid and more than 2/3

of the lower lid were covered by a dark brown hypertrophic and irregular nevus. (Figure 1) Approximately 5 mm of the conjunctiva of both left upper and lower lids were involved. Especially there was a significant deformity at the upper eyelid. The hypertrophy of the upper lid resulted in ptosis associated with impairment of vision.

We planned partial excisions of the lesion both from the skin and conjunctiva. In the first operation 10 mm intralesional skin excisions from both lids and also 5 mm tumoral part excision of both conjunctivas were performed. At two months follow-up the ptotic appearance of the upper lid was acceptable (Figure 2).

The patient was pleased with her appearance and she was reluctant for further surgery.

Case 2: 17-year-old female patient was referred to our clinic with a congenital divided nevus of the left upper and lower eyelids (Figure 3-4). There was no vision impairment. No surgical intervention was performed on her since the patient refused surgery.

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Figure 1. Ptosis and vision impairment of the left eye due to divided nevus.



Figure 2. Two months after the first excision. The eyes are open.



Figure 3. Lateral view of the second patient.



Figure 4. Anterior view of the second patient.

Conclusion

Divided or "kissing" nevus of the eyelids was first described in 1919 by Fuchs (1). This rare condition is thought to arise during fetal development at the time when the lids are fused. The lids first appear at the sixth week of the fetal development. They grow towards each other and fuse together. The process is completed at the ninth week. The eyelids remain fused until about the 24th week, when they gradually separate (2). We may propose that the precursor elements of the nevus develop during that specific time. Because the epithelium only is fused, melanocytes derived from the neural crest must begin their differentiation in the region of the fused epithelium (2).

The unique occurrence in nature of the divided nevus allows conclusions on the site and time of origin not only of the divided nevus, but possibly also of other congenital melanocytic nevi.

An eye with a divided nevus being aesthetically and functionally poor needs reconstructive procedures. Divided nevi are mostly treated with full-thickness postauricular skin grafts following excision (3-4). There are other reconstructive methods using flaps (5) or modified Kuhnt-Szymanowski procedure (6).

In our case the partial excision corrected the vision and ptosis of the upper lid. The advantage of the procedure is treating the problem without any donor site morbidity. We believe that ectropion of the lower lid is not a problem and will improve in a

short time. The patient needed another stage to excise the remnants of the nevus at the margins of the eyelids, but she was pleased with her new appearance and refused further surgery. Since malignant transformation in the intradermal portion of a compound nevus is extremely rare and no reported cases of divided nevi of the eyelids exist in the literature we think that the remaining part of the nevus will not cause any problems.

Here we want to emphasize that, partial excisions of the nevus is a method that must be taken into consideration in the treatment of divided nevi. And reporting of the cases we believe that divided nevus of the eyelids is not so rare as reported in the literature (5).

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