

Kissing nevus of eyelids – Report of two cases

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Abstract Kissing nevus of eyelid is a rare form of congenital nevus which occurs on adjacent parts of upper and lower eyelid in such a manner that it appears as a single large nevus when eyelids are apposed together. It is a rare entity with less than 40 cases reported till date. Herein we report two cases of kissing nevus of eyelids who presented with the complaints of cosmesis and visual disturbance.

Key words

Kissing nevus, divided nevus, eyelids, congenital melanocytic nevus.

Introduction

Kissing nevus or divided nevus is a rare form of congenital nevus which appears over two adjacent sites which are fused together *in utero* in the early stages of development but get separated later on like the two eyelids. The nevus is present on two adjacent sites in such a manner as when the two are apposed together, the nevus appears as a single large naevus.¹ Kissing nevus has mostly been reported over the eyelid but kissing nevi of the penis and fingers have also been reported.^{2,3}

Kissing nevus of the eyelid was first reported by Von Micheal in 1908 and the name was first used by Fuchs in 1919. Since then less than 40 cases have been reported. Most of the cases appear in childhood but may rarely appear in adulthood. The lesions usually present a cosmetic concern but larger lesions may lead to impaired vision due to mechanical ptosis or obstruction of visual axis.^{1,2} Herein we report two cases of kissing nevus of eyelids who presented with the complaints of cosmesis and visual disturbance.

Case Report

Case 1 The patient, a 22-year-old male, presented with a hyperpigmented congenital melanocytic nevus on right eyelids since birth. The nevus gradually became more pigmented and thicker in consistency but had remained asymptomatic throughout the course. On examination, a hyperpigmented velvety plaque of size 3.5cm X 2cm was present on the lateral aspect of the right upper eyelid while a similar lesion of size 2cm X 1.5cm was present on the lateral aspect of lower eyelid (**Figure 1**). On closure of the eyelids, the lesions resembled a single nevus. The conjunctiva and the cornea were not involved and the vision was normal. There was no systemic complaint and no family history was present either.

The patient had approached us for cosmetic concern only. The patient was advised a biopsy of the lesion which he refused. He was explained about the nature of the lesion and was advised regular follow-up for monitoring. After one year of follow-up, there was only mild increase in pigmentation of the lesion and the patient is still under regular follow-up without any significant change in the lesion.

Case 2 The second case, a 35-year-old female, also presented with a kissing nevus over the right eyelid since birth which was a hyperpigmented, velvety plaque to begin with

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Figure 1 Kissing naevus of eyelid presenting as velvety plaque.



Figure 2 Kissing nevus of eyelid presenting as nodular mass.

but had later on became nodular with increased pigmentation and hair growth over time. As the lesion was not in the line of the visual axis in childhood, the vision was normal but gradually with the increase in size and nodularity of the nevus, the visual axis was being obstructed causing lateral visual field obstruction. On examination, the patient had two well developed hyperpigmented nodular lesions over the lateral aspect of right eyelids. The upper eyelid lesion was larger measuring about 4cm X 2cm while the lower lid lesion was about 1.5cm X 1cm. The lesions showed irregular nodular surface with increased terminal hair and follicular dilatation (**Figure 2**). On ophthalmological examination, the visual acuity was normal but the field of vision was reduced laterally due to mechanical obstruction by the nevus.

The patient was advised a biopsy and surgical excision of the nevus but, unfortunately, the patient was lost to follow-up.

Discussion

Kissing nevus or divided nevus is a rare form of congenital nevus which usually appears during infancy but may rarely appear during adulthood. It is characterized by the presence of nevi on the contiguous aspects of the two eyelids which appear as a single large nevus when the eye is closed. Usually these are sited on the medial aspect of the eyelids but may rarely be seen laterally or in the canthal region. Most of the patients present with cosmetic complaints but larger nevi may cause visual disturbances or rarely there may be malignant transformation.^{1,4}

The symmetrical borders and the contiguous pattern of the kissing nevus are related to the embryological mechanism of its development. The kissing nevi are believed to arise at the time when the eyelids are fused *in utero*. The eyelids appear as ectodermal protrusions at the age of six weeks. Gradually they grow towards each other and begin to fuse and are completely fused by the age of nine weeks. They remain fused till 24 weeks after which they gradually separate. Hence the kissing nevus appears somewhere during 9-24 weeks of gestation wherein the melanoblasts accumulate at the fused eyelid, which on separation leads to formation of two distinct nevi, one each on both upper and lower lids.

The smaller nevi that do not cause any significant morbidity can be left untreated under observation but the larger nevi or those causing significant cosmetic concern or visual complaints may require a surgical procedure. Keeping in view the development of deprivation amblyopia and the malignant potential, early surgical treatment is recommended for all medium and large congenital melanocytic nevi of the eyelid.⁵ The usual treatment for small lesions consists of

full thickness excision followed by repair with full thickness skin graft from retroauricular region or contralateral eyelid. Larger nevi may require other reconstructive methods which may have to be done in stages using flaps or by modified Kuhnt-Szymanowski procedure.^{6,7}

References

1. McDonnell PJ, Mayou BJ. Congenital divided naevus of the eyelids. *Br J Ophthalmol*. 1988;**72**:198-201.
2. Yun SJ, Wi HS, Lee B-J, Kim S-J, Won YH, Lee S-C. Kissing nevus of the penis. *Ann Dermatol*. 2011;**23**:512-4.
3. Hayashi N, Soma Y. A case of epidermal nevi showing a divided form on the fingers. *J Am Acad Dermatol*. 1993;**29**:281-2.
4. Aslan G, Terzioglu A. Divided nevus of the eyelids (Report of two cases). *T Klin J Med Sci*. 2000;**20**:172-4.
5. 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.
6. Papadopoulos O. Divided nevus of the eyelid. *Plast Reconstr Surg*. 1991;**88**:331-3.
7. Kasai K, Ogawa Y. The successful treatment of a divided nevus on a young patient using a modified Kuhnt-Szymanowski procedure. *Ophthal Plast Reconstr Surg*. 1990;**6**:181-4.