

NON-GIANT CONGENITAL MELANOCYTIC NAEVUS IN EYELID-A CASE REPORT

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KEY WORDS :

Presenting as haemangioma

ABSTRACT :

Non-giant congenital melanocytic naevus is a rare entity. A case of such naevus in lower eyelid in a eight months old female child is presented. The lesion is completely excised and lower eyelid reconstruction is performed with Mustarde's cheek advancement rotation flap. Rarity of incidence and the possibility of its undergoing malignant changes is discussed.

TEXT :

Eight months old female child, first-born, full term with history of normal delivery, presented with bluish black swelling of lower eyelid on right side. It had started as a pea sized lesion and increased progressively with age to its present size.

On examination, there was a large bluish-black swelling, 2.5 cm 3.5 cm in size, with soft to firm consistency. It almost occupied the whole of Rt.

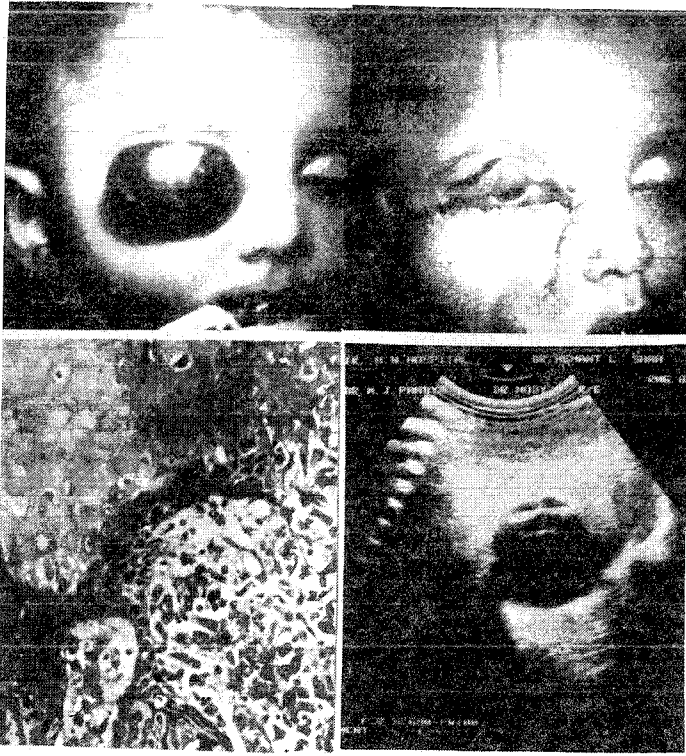


Photo showing :

- (i) Pre - op. lesion over Rt. lower eyelid.
- (ii) Post - op. after reconstruction.
- (iii) Orbital ultrasound showing hypoechoic mass.
- (iv) Histopathology showing tumour Cells.

lower eyelid. Lower 2/3 of cornea remained hidden behind the swollen lid. Scleral conjunctiva and lower conjunctival fornix were clear of tumor. Eyelid skin was stretched and was ulcerated near its free margin.

There were no palpable lymph nodes or hepatomegaly. There was no evidence of pulmonary metastases in chest X-rays. There was no evidence of intra-ocular primary or intra-orbital extension of tumour on fundoscopy. Orbital ultrasound revealed a large hypo-echoic mass in the lower eyelid. X-ray skull showed erosion of infraorbital rim.

With the clinical impression of haemangioma total excision of tumour (with lower eyelid) was carried out. The defect so created was then covered by Mustarde's cheek advancement rotation flap.

Histo-pathological study of the tumour showed heavily pigmented melanocytic neoplasm. Arising very likely from an existing congenital naevus.

There were no mitotic activity and no neuride areas. Lesion involved full thickness of eyelid. The metastatic potential of the lesion is unknown but possibly is low. This tumour proved difficult to classify as behaviour was like that of a locally aggressive lesion.

DISCUSSION

Congenital melanocytic naevi (CMN) are found in 1% of new born infants Walton et al, 1976. Usually congenital naevi are larger than acquired naevi, measuring more than 1.5 cm in diameter Mark et al, 1973 and can be distinguished from latter on the basis of histologic features (Lever, 1990). CMN measuring more than 20 cm in greatest diameter are referred to as giant congenital melanocytic naevi Kopf et al, 1979. Non-giant congenital melanocytic naevi 1.5 cm and 20 cm in diameter are usually slightly raised and often pigmented and they may show a moderate growth of hair. The incidence of malignant melanoma in non-giant congenital melanocytic naevi is at least 1% Solomon, 1980 where as the predicted percentage of malignant melanoma in general population is 0.4%.

Histologically non-giant congenital melanocytic naevi may be superficial or deep type, with distribution of naevus cell independent of the age of the patient. They, thus can be compound or intradermal type Lever, 1990 treatment of such non-giant congenital melanocytic naevi has been a matter of controversy. The excision of all non-giant congenital melanocytic naevi is advised by many Solomon, 1980; Rhodes et al, 1979, Illing et al, 1985 suggested that excision of non-giant

congenital melanocytic naevi smaller than 10cm may be postponed until the onset of puberty but they have to be removed as the cumulative risk of malignant melanoma may be from 2.6 to 4.9% for persons living upto 60 yrs.

Reviewing the literature one could not find any case of non-giant cutaneous CMN in eyelid.

CONCLUSION

A case of non-giant congenital melanocytic naevus in the lower eyelid in a 8 month old child is presented. The lesion was excised completely and a primary reconstruction was carried out with Mustarde's cheek advancement rotation flap. A brief review of non-giant congenital melanocytic nevi suggests that prophylactic removal of such lesions is essential although the time at which it should be done is debatable.

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