

NEVUS OF THE EYELID MARGIN MIMICKING A MALIGNANT MELANOMA

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Nevi are a benign skin lesions commonly found on the eyelid margin, these tumors are usually pigmented and have thickness [1]. Nevi are not typically visible at birth; they appear during childhood and often exhibit a more rapid increase in pigmentation around puberty [2].

Most eyelid nevi can be diagnosed by clinical examination, however, suspicious lesions should be biopsied in case of rapid growth, loss of eyelashes or discoloration of the nevus.

Eyelid nevi require treatment if they transform into malignant nevi and/or becomes cosmetically bothersome to the patient [3, 4].

In this article, we report the case of a 37-year-old female patient that exhibited a single cutaneous tumor at the free margin of the lower left eyelid, she noticed a dark spot on her eyelid since her childhood. It was a

brown, fleshy, thickened, and nodular well-circumscribed exophytic mass, measuring 6 mm in diameter; its clinical appearance argued for a possible nodular melanoma (Figure A and B). Excisional-biopsy was performed using a full-thickness pentagonal wedge excision technique (Figure C).

Histopathology showed that the lesion was a benign melanocytic nevocellular nevus (Figure D).

The postoperative courses were uneventful with excellent cosmetic and functional results (Figure E and F).

The preventive measures (cap, sunglasses...) and regular monitoring of the lesion by assessing ABCDE criteria (asymmetry, irregular borders, multiple colors, diameter \geq 6 mm, and enlargement) remain necessary to detect and rule out a possible risk of malignant melanoma [5].



Figure A and B: A brown, fleshy, thickened, and nodular at the free margin of the lower left eyelid.
Figure C: immediate postoperative appearance after full-thickness pentagonal wedge excision.

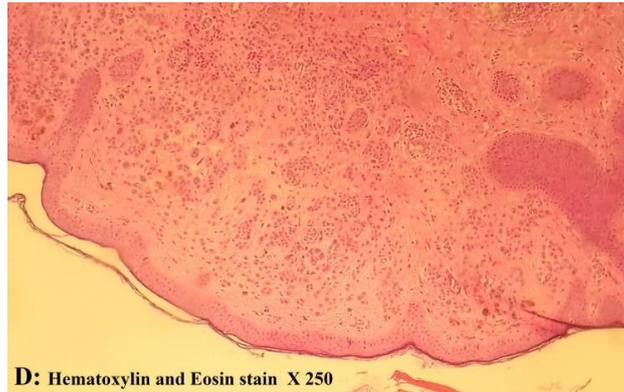


Figure D: Tumor proliferation composed from naevocytes, regular nuclei arranged in thecae on a fibrous substance which is pathognomonic for a benign melanocytic nevocellular nevus



Figure E and F: Postoperative appearance at one week. Excellent cosmetic and functional result.

Références

1. Lasudry J. Tumeurs palpébrales : aspects cliniques et diagnostiques. *J Fr Ophtalmol*, 2003; 26: 70-6.
2. Yap LH, Earley MJ. The panda naevus: management of synchronous upper- and lower-eyelid pigmented naevi. *Br J Plast Surg*, 2001; 54: 102-5.
3. Adenis JP, Sabatier A, Robert PY. Les tumeurs des paupières des personnes âgées. *J Fr Ophtalmol*, 2006; 29: 687-93.
4. Nawa Y, Hara Y, Saishin M. Conjuncival melanoma associated with extensive congenital conjuncival naevus and split naevus of the eyelid. *Arch Ophthalmol*, 1999; 117: 269-71.
5. Leung C, Johnson D, Pang R, Kratky V. Identifying predictive morphologic features of malignancy in eyelid lesions: The LUI triage key. *Canadian Family Physician*. 2015; 61(1): e43-e49.