



Divided nevus in the genital region: report of six cases

Nevo dividido na região genital: relato de seis casos

DOI: <http://www.dx.doi.org/10.5935/scd1984-8773.2021130038>

ABSTRACT

The divided nevi occur in contiguous areas of the skin that are mostly benign lesions. We report six cases of nevus divided on the penis and its dermoscopic patterns. Clinical follow-up was the best therapeutic option for this group of patients, considering the location of these lesions.

Keywords: Dermoscopy; Nevus; Intradermal nevus; Pigmented nevus; Penis

RESUMO

Os nevos divididos ocorrem em áreas contíguas da pele e, em sua grande maioria, são lesões benignas. Relatamos seis casos de nevo dividido no pênis e seus respectivos padrões dermatoscópicos. Levando em consideração a localização dessas lesões, o acompanhamento clínico foi a melhor opção terapêutica para este grupo de pacientes.

Palavras-chave: Dermoscopia; Nevo; Nevo intradérmico; Nevo pigmentado; Pênis

Case Report

Authors:

Eduardo de Oliveira Vieira^{1,2}
Carlos Baptista Barcaui^{1,2}
Elisa de Oliveira Barcaui^{1,2}

¹ Universidade Estadual do Rio de Janeiro, Department of Dermatology, Rio de Janeiro (RJ), Brazil.

² Hospital Universitário Pedro Ernesto, Department of Dermatology, Rio de Janeiro (RJ), Brazil.

Correspondence:

Eduardo de Oliveira Vieira
Email: eduardodevieira@gmail.com

Financial support: None.

Conflict of interest: None.

Submitted on: 28/04/2021

Approved on: 20/05/2021

How to cite this article:

Vieira EO, Barcaui CB, Barcaui EO. Divided nevus in the genital region: report of six cases. Surg Cosmet Dermatol. 2021;13:20210038.



INTRODUCTION

Divided nevus, also known as “kissing nevus”, result from opposite migrations of contiguous areas that that undergo embryonic cleavage, which can occur in the penis, labia minora or majora, and upper and lower eyelids – the latter is the most common location.^{1,2,3} Despite presenting different dermoscopic patterns, they are usually nevi with a benign evolution, and clinical follow-up is one of the possibilities for follow-up.^{4,5}

METHODS

We report six cases of divided nevus or “kissing nevus” located on the penis glans and foreskin in male patients, aged between 5 and 26 years, asymptomatic, and without prior treatment. We used clinical examination and dermoscopy with a DL3 3GEN dermatoscope with polarized light and ultrasonography gel as the interface liquid for diagnosis. Images were obtained with a Nikon Coolpix P6000 camera.

RESULTS

We observed the following dermoscopic patterns: homogeneous reticular (Figures 1 and 2), homogeneous globular (Figures 3 and 4), mixed (reticular-globular, with peripheral pigment network and central globules), and some cases presented granularity (Figures 5 and 6). Guided by the clinical examination and dermoscopy, we chose not to biopsy any patient and perform the follow-up every three months in the first semester, every six months in the second semester, and every year after that.

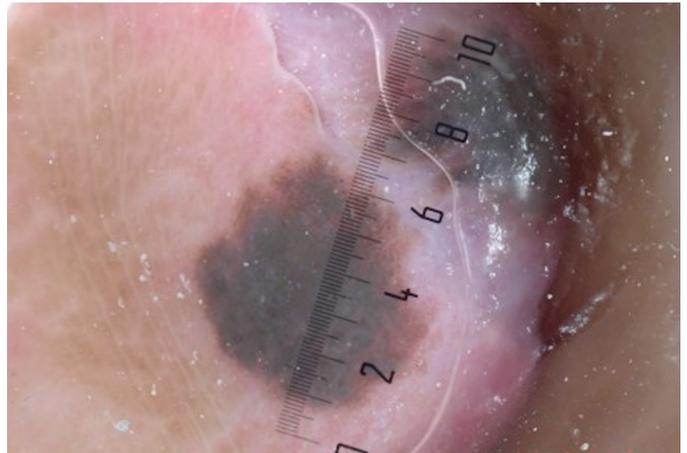


FIGURE 2: Melanocytic lesion on the glans, with homogeneous reticular dermoscopic pattern

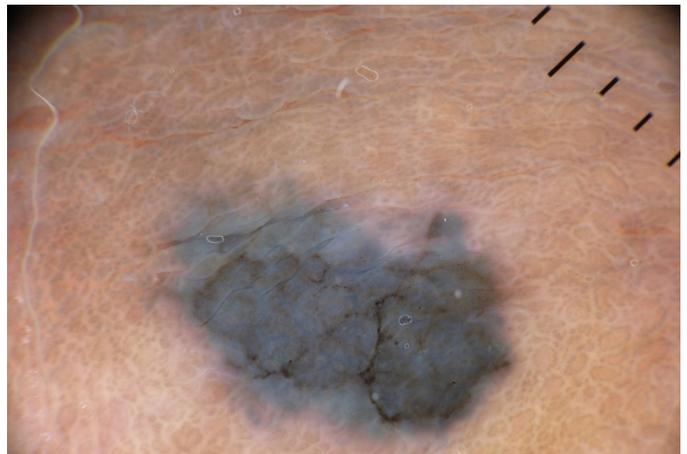


FIGURE 3: Melanocytic lesion in the foreskin, with homogeneous globular dermoscopic pattern

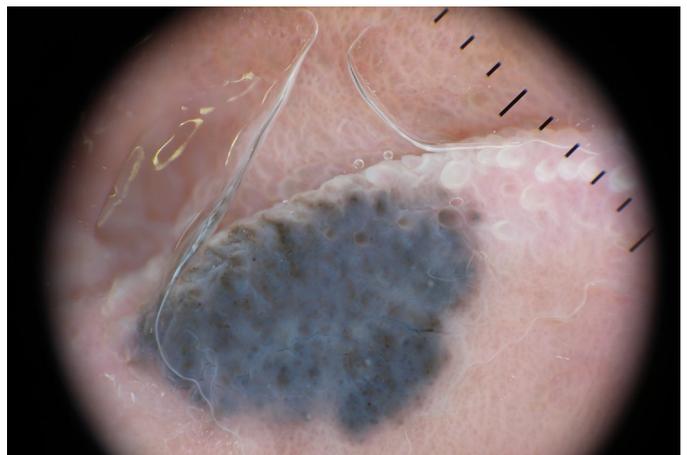


FIGURE 4: Melanocytic lesion on the glans, with homogeneous globular dermoscopic pattern

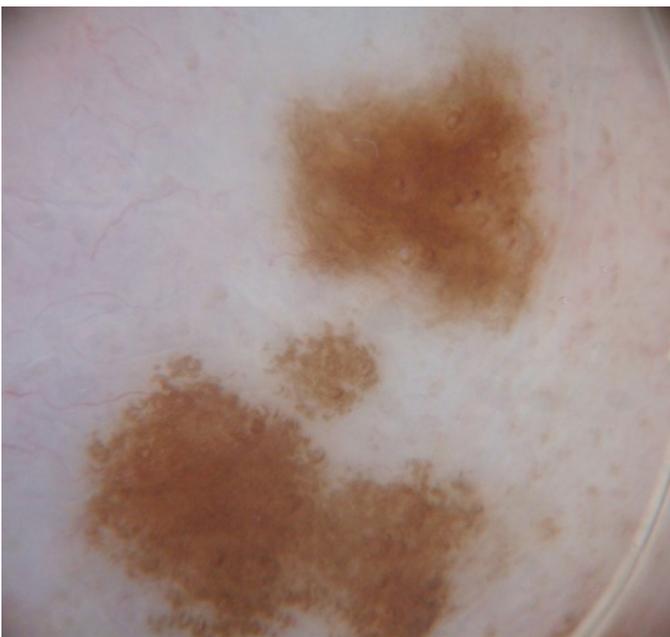


FIGURE 1: Melanocytic lesion on the glans, with homogeneous reticular dermoscopic pattern

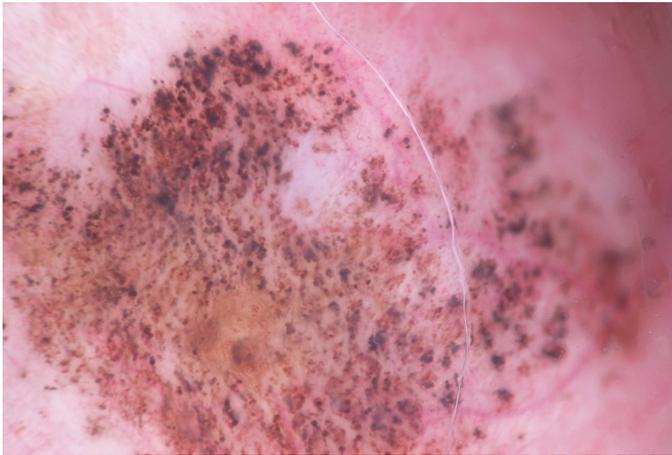


FIGURE 5: Melanocytic lesion on the glans and foreskin, with globular dermoscopic pattern with granularity and varied appearance of colors indicating pigment in several layers of the skin



FIGURE 6: Melanocytic lesion in the balanopreputial sulcus of the penis, with a reticular dermoscopic pattern and granularities represented by a bluish-gray color.

DISCUSSION

The migration of divided nevi occurs at different times during embryogenesis, depending on the site of origin. For the penis, the division occurs between the 11th and 14th gestational week, the external genitalia maturation period, and for the eyelid, around the 24th week.^{4,6} Some dermoscopic patterns have already been reported both in pediatric and in adults patients. Among them are the globular and reticular-globular, which presents a pigmented network in the periphery and globules in the center, in addition to the homogeneous pattern, which has some globules in the center – all suggestive of benignity.^{4,5}

The low risk of malignant evolution is known. As far as we are aware, only three cases involving eyelids and penis have been reported to date.^{6,7,8}

Considering that we found kissing nevus in glabrous and non-glabrous skin, as well as in mucosal and semi-mucosal areas, signs that lead to a clinical suspicion for malignancy should be sought. However, they are sometimes difficult to be assessed in these areas due to their multi-component pattern, containing different colors and structures, absence of structures, and blue-whitish veil.^{4,5} None of the patients presented signs suggestive of melanoma.

Among the therapeutic options available in the literature, the most indicated one given the benign lesions is the expectant management (watchful waiting), with clinical and dermoscopic follow-up. Surgical excision with mucosal and/or flap grafts, postectomy, and laser therapy (Nd:YAG, alexandrite, CO₂) should be chosen, considering the patient's functional and psychological aspects.^{4,5,9,10} All patients are under clinical follow-up.

The follow-up of these lesions varies in the literature. There are reports of follow-ups every three, six, and 12 months. Some authors suggest a follow-up similar to that of congenital nevi, always considering the dermoscopic pattern of the lesion.^{4,5}

CONCLUSION

Knowledge of the dermoscopic patterns of the divided nevus is essential for the proper follow-up of the patient and the biopsy indication, as the sites of onset of this lesion are not so simple to approach and can lead to esthetic, functional, and, mainly, psychological impairment. ●

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AUTHORS' CONTRIBUTION:

Eduardo de Oliveira Vieira  ORCID 0000-0001-6765-2474

Approval of the final version of the manuscript; study design and planning; preparation and writing of the manuscript; data collection, analysis, and interpretation; active participation in research orientation; intellectual participation in propaedeutic and/or therapeutic conduct of studied cases; critical literature review; critical revision of the manuscript.

Carlos Baptista Barcaui  ORCID 0000-0002-3303-3656

Approval of the final version of the manuscript; study design and planning; preparation and writing of the manuscript; data collection, analysis, and interpretation; active participation in research orientation; intellectual participation in propaedeutic and/or therapeutic conduct of studied cases; critical literature review; critical revision of the manuscript.

Elisa de Oliveira Barcaui  ORCID 0000-0002-9487-7860

Approval of the final version of the manuscript; study design and planning; preparation and writing of the manuscript; data collection, analysis, and interpretation; active participation in research orientation; intellectual participation in propaedeutic and/or therapeutic conduct of studied cases; critical literature review; critical revision of the manuscript.