CASE REPORT

Spontaneous regression of a conjunctival naevus

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SUMMARY

Conjunctival naevi are one of the most common lesions affecting the conjunctiva. While benign in the vast majority of cases, the risk of malignant transformation necessitates regular follow-up. They are well known to increase in size; however, we present the first photo-documented case of spontaneous regression of conjunctival naevus. In most cases, surgical excision is performed due to the clinician's concerns over malignancy. However, a substantial proportion of patients request excision. Highlighting the potential for regression of the lesion is important to ensure patients make an informed decision when contemplating such surgery.

CASE PRESENTATION

A 6-year-old Caucasian boy presented with an asymptomatic pigmented naevus in the temporal interpalpebral conjunctiva.

INVESTIGATIONS

Given there were no concerning features to the lesion, the child was monitored with yearly anterior segment imaging.

OUTCOME AND FOLLOW-UP

Spontaneous regression of the naevus was noted over a 7-year period ([figure 1](#)). Once the lesion had

BACKGROUND

Conjunctival naevus, a benign tumour, is one of the most common lesions that occurs on the surface of the eye.¹ Such naevi are most commonly found in the interpalpebral area of the bulbar conjunctiva but can also be found on the caruncle and rarely tarsus.

Conjunctival naevi can either be congenital or acquired. Acquired type usually present within the first two decades of life. Most common in Caucasian populations, there is no sex predilection.

The extent of the pigmentation can be very variable and, in 16% of cases, naevi are amelanotic.² Clear cystic spaces are pathognomonic of the condition and are seen more easily in non-pigmented lesions. Diagnosis is usually made by slit lamp examination. Optical coherence tomography (OCT) can be used to detect the presence of intra-lesional cysts, helping to confirm the diagnosis and exclude malignant differentials such as melanoma.³

It is well recognised that lesions can change over time, increasing in size and pigmentation. Sudden growth or increase in pigmentation is suspicious for malignant transformation alongside prominent feeder vessels, unusual sites such as the forniceal conjunctiva and development later in life.

Management of conjunctival naevi predominantly centres on the rare but significant risk of malignant transformation. Naevi may be excised due to either patient or surgeon concern over malignancy, irritation or cosmesis.

Conjunctival naevi can increase in size and darken over time particularly during pregnancy and puberty which may be due to expression of progesterone receptors by the tumours.^{4 5} While significant variations in pigmentation may occur, we present the first photo-documented case of complete, spontaneous regression of a conjunctival naevus.

Figure 1 Regression of conjunctival lesion.

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fully regressed, the child was discharged to yearly optician review.

DISCUSSION

In most cases, the management of conjunctival naevi can be limited to annual observation and photo-documentation given the risk of malignancy. Nonetheless, patient concerns over this risk or cosmesis does lead to surgical excision in up to 11% of cases.⁶ We present the first photographic evidence illustrating

the spontaneous regression of a conjunctival naevus. While regression remains rare, its potential could be discussed considering surgery for cosmesis.

Contributors SH identified the case, gathered supporting material and wrote the case report. ML edited and reviewed the case report.

Competing interests None declared.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

Learning points

- ▶ Conjunctival naevus is one of the most common lesions of the conjunctiva.
- ▶ Transformation to malignant melanoma is very rare with red flag symptoms, including sudden growth, increase in pigmentation, prominent feeder vessels, unusual sites such as the fornices and development later in life.
- ▶ Potential for spontaneous regression should be highlighted to patients considering cosmetic excision.

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