

Spitz Nevus

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Citation:

Tappel A, Zlotoff B. Spitz nevus [published online January 21, 2019]. Consultant360.

A healthy 11-year-old boy presented with a 5 × 4-mm domed, pink papule that had arisen de novo on his left posterior leg 5 months ago and had been rapidly enlarging (**Figure**).

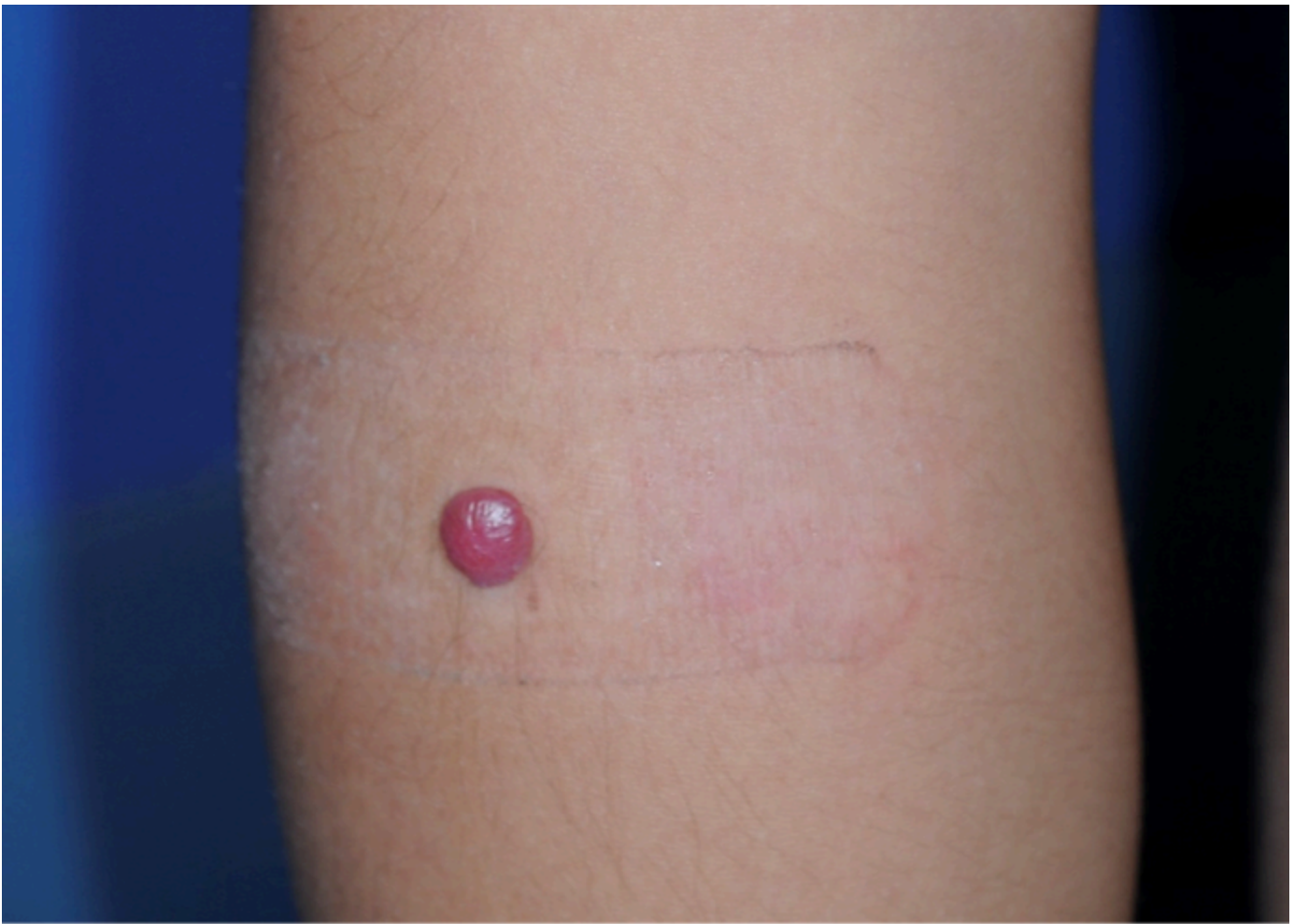


Figure. A rapidly enlarging pink papule on the patient's left posterior calf.

Based on the clinical presentation, he received a clinical diagnosis of a Spitz nevus.

A Spitz nevus is a benign lesion that most commonly develops in pediatric patients. A Spitz nevus classically present as a rapidly growing pink papule or nodule, and it can be challenging to distinguish it clinically and histologically from melanoma, resulting in significant controversy about the best management approach. Referral to a dermatologist is strongly recommended.

Approximately half of pediatric patients with melanoma do not present with classic ABCDE criteria (asymmetry, border irregularity, color variegation, diameter greater than 6 mm, and evolution), so Cordoro and colleagues¹ have suggested incorporation of a second ABCD mnemonic for young patients to facilitate earlier recognition and treatment: amelanotic; bleeding, bump; color uniformity; and de novo, any diameter.

According to guidelines from the International Dermoscopy Society, management of patients younger than 12 years with symmetric spitzoid lesions depends on lesion morphology: For nodular lesions, excision is recommended, but 6 months of close follow-up to monitor for growth is acceptable; for flat or raised lesions, follow-up is recommended every 2 to 3 months until the lesion has stabilized; and for amelanotic lesions, a very low threshold for excision is encouraged. For patients older than 12

years, Spitz nevi should usually be excised for histological evaluation.

Our patient underwent an uncomplicated excision of his nevus and required no further treatment.

There has been no evidence of recurrence on follow-up visits.

References:

1. Cordoro KM, Gupta D, Frieden IJ, McCalmont T, Kashani-Sabet M. Pediatric melanoma: results of a large cohort study and proposal for modified ABCD detection criteria for children. *J Am Acad Dermatol.* 2013;68(6):913-925.
2. Lallas A, Apalla Z, Ioannides D, et al; International Dermoscopy Society. Update on dermoscopy of Spitz/Reed naevi and management guidelines by the International Dermoscopy Society. *Br J Dermatol.* 2017;177(3):645-655.