



# SPITZ NEVUS

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Spitz nevus (Epithelioid and Spindle-Cell Nevus) is an uncommon, benign, melanocytic nevus that is usually acquired and has histologic features that overlap with those of **melanoma**. Spitz nevi were previously diagnosed as melanomas due to their similar appearance under a microscope, until it was found that they did not show malignant behavior. They tend to grow very rapidly, reaching a size of approximately 1 cm within 6 months and thereafter remaining static, which may be worrisome to patients. These lesions are more common in the younger population, with 70% of cases diagnosed during the first two decades of life. Both sexes are affected equally with fair skinned individuals being most frequently affected.

The cause of the Spitz nevus is currently unknown. Some cases of Spitz nevi have a unique aberration of genes on chromosome 11p which is not observed in melanomas.

Patients may present with possible bleeding and itching of the lesion, although these symptoms are not common as most patients are asymptomatic. On physical examination, the Spitz nevus appears as a symmetric, well-circumscribed, smooth-surfaced or warty, firm, <1 cm, dome-shaped papule or nodule. The Spitz nevus is usually a solitary lesion but may rarely be in clusters or present as eruptive widespread lesions. Spitz nevi are uniform in color and may be pink, red, red-brown, tan, blue-black, or even non-pigmented. They are most commonly located on the face, neck, and legs, although the upper extremities and trunk may be affected. Palms, soles, and mucous membranes are usually spared.

A complete medical history including a family history of skin cancers should be performed on all patients. If a dermatoscope is available, a characteristic "starburst pattern" is observed where pigmented streaks radiate symmetrically at the periphery of the lesion. A **biopsy** should be performed to determine malignant potential. The management of the Spitz nevus is controversial as some dermatologists recommend conservative treatment with a partial biopsy as they are benign. On the other hand, due to the histologic overlap with melanomas and the possible recurrence, some dermatologists recommend a biopsy with complete excision with a clear margin of normal skin whenever possible. Due to the possible disfigurement of excisions and the benign nature of the Spitz nevus, each patient should be evaluated individually with the best interest of the patient kept in mind. Certain atypical features of the Spitz nevus such as a diameter greater than 1 cm, asymmetry, or ulceration warrant a wider margin of normal skin during the initial excision. All patients should have regular follow-ups with a dermatologist to check for any changes or recurrences of the Spitz nevus regardless of the treatment plan.

**This information has been provided to you compliments of the American Osteopathic College of Dermatology and your physician.**

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