

Cancer Association of South Africa (CANSA)



Fact Sheet on Spitz Naevus

Introduction

A Spitz naevus (or Spitz's naevus) is an uncommon type of mole (melanocytic naevus). It usually appears on the face or limbs of children and grows rapidly for a few months. After the initial growth period, if untreated, it may remain static for years. Spitz naevi (plural for naevus) may disappear spontaneously after a period of time. Spitz naevi are benign (harmless) skin tumours.



[Picture Credit: Spitz Naevi]

Spitz naevi may resemble malignant melanomas clinically and microscopically and were previously incorrectly referred to as Juvenile Malignant Melanoma.

Even though Spitz naevi are benign (harmless) skin tumours, parents should not neglect to consult a medical practitioner in the event of them noticing any mole that may appear suspicious so that it can be accurately diagnosed.

Sainz-Gaspar, L., Sanchez-Bermal, J., Noguera-Morel, L, Hernández-Martin, A., Colmenero, I. & Torrelo, A. 2020(a).

“A Spitz nevus is a melanocytic neoplasm of epithelioid and/or spindle cells that usually appears in childhood. These lesions are by nature benign, but their features can sometimes make them difficult to distinguish from melanomas. Spitzoid melanocytic lesions have been grouped into 3 types in recent decades: Spitz nevi, atypical Spitz tumors, and spitzoid melanomas. Atypical Spitz tumors are spitzoid melanocytic proliferations that have atypical histopathologic features that are insufficient to support a diagnosis of melanoma. The malignant potential of these lesions is at present uncertain. This review examines the clinical, dermoscopic, and histopathologic features of this group of lesions.”

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Sainz-Gaspar, L., Sanchez-Bermal, J., Noguera-Morel, L, Hernández-Martín, A., Colmenero, I. & Torrelo, A. 2020 (b).

“Melanocytic neoplasms with spitzoid morphology (Spitz nevi, atypical Spitz tumors, and spitzoid melanomas) may be benign or malignant. Because the malignant potential of atypical Spitz tumors is uncertain, the proper therapeutic approach has been much debated over the years. Promising new techniques for molecular analysis have enabled better predictions of the biological behavior of these tumors. “

Purpose of this Fact Sheet

The purpose of this Fact Sheet is to provide information to parents and guardians regarding Spitz naevi which can mistakenly be thought to be malignant melanoma because of its close resemblance.

Sainz-Gaspar, L., Sánchez-Bernal, J., Noguera-Morel, L., Hernández-Martín, A., Colmenero, . &, Torrelo, A. 2020.

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Spitz Naevi

A Spitz naevus is a type of mole. It also may be called a naevus, Spitz lesion, benign juvenile melanoma, or spindle and epithelioid cell naevus of Reed.

Exact data on incidence or prevalence are not available. Spitz naevi are estimated to represent less than 1% of all childhood melanocytic naevi.

Papageorgiou, C., Apalla, Z., Bobos, M., Gkentsidi, T., Kyrgidis, A., Lallas, K., Manoli, S-M., Moutsoudis, A., Nikolaidou, C., Spyridis, I. & Lallas, A. 2019.

“Since their first description by Sophie Spitz, Spitz nevi have been a subject of controversy among clinicians for many decades, and remain a clinical conundrum until today as their etiology, morphology, biological behavior and natural evolution is still not totally clear. This is because their clinical, dermoscopic and histopathologic features sometimes overlap with those of melanoma, rendering the management of spitzoid lesions particularly difficult. In addition, cases of histopatologically equivocal lesions do exist and their classification might sometimes be very challenging. Among several terms that have been used to describe these morphologically "intermediate" lesions, atypical Spitz tumor (AST) is the most widely used.”

Risk Factors for Spitz Naevi

Risk factors for Spitz naevi include:

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- Race - Spitz naevi have been described most frequently in fair-skinned individuals. One study reviewed 130 cases in a Hispanic population, demonstrating that Spitz naevi are not restricted to white patients.
 - Sex - Both sexes are equally affected. Some authors describe a slight female predominance.
 - Age - About 50% of cases occur in children younger than 10 years; 70% of all cases are diagnosed during the first 2 decades of life.
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Incidence of Spitz Naevus in South Africa

Because Spitz Naevi are not malignant tumours, the National Cancer Registry of 2016 does not provide any information regarding the incidence of Spitz Naevi in South Africa.

Diagnosis of Spitz Naevus

The diagnosis is made by surgically removing the area of skin involved (biopsy). The section of skin which was removed, is sent to a laboratory for a pathologist to examine. Experienced pathologists can tell the difference between melanoma and a Spitz naevus. A pathologist who specialises in reading skin lesions is needed to make a proper diagnosis. Sometimes the results are not totally certain and may require a second opinion.

Until the biopsy is done there is no certainty whether it is a Spitz naevus or not. They can look just like other moles or skin lesions. Sometimes more testing is needed on the biopsy. At times, biopsies of lymph nodes in the same area of the body may be needed to confirm the diagnosis.

Risk Factors for Melanoma

One cannot say what the individual risk of getting a melanoma or another suspicious mole is likely to be. Certain people are more at risk of developing melanoma. Those are children who:

- Are fair skinned and blue eyed
- Have lots of freckles
- Have lots of moles (more than 60)
- Tend to burn easily in the sun

Staying Safe in the Sun

Good advice to everyone: children should cover up, stay in the shade and, if they must go into the sun, wear a SPF sunscreen according to skin type and age of the child. Please refer to CANSA's [Fact Sheet on Being SunSmart with Infants, Toddlers and Children](#) for additional information.

Medical Disclaimer

This Fact Sheet and Position Statement is intended to provide general information only and, as such, should not be considered as a substitute for advice, medically or otherwise, covering any specific situation. Users should seek appropriate advice before taking or refraining from taking any action in reliance on any information contained in this Fact Sheet and Position Statement. So far as permissible by law, the Cancer Association of South Africa (CANSA) does not accept any liability to any person (or his/her dependants/estate/heirs) relating to the use of any information contained in this Fact Sheet and Position Statement.

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