

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. (DermNet NZ).

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.

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 the close resemblance.

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.

Physicians have known for almost a century that some childhood lesions histologically diagnosed as melanomas did not show malignant behaviour. The terms juvenile melanoma and pre-pubertal melanoma were previously used to describe such lesions.

Several attempts were made to establish objective criteria that would clearly delineate Spitz naevi and melanomas. The controversial classification of some cases as metastasising Spitz naevi further confounded the issue. However, such cases illustrate the difficulty of accurately distinguishing some Spitz naevi from melanoma based on histological criteria alone. Even today, no set of criteria can be used to predict the clinical outcome of atypical Spitz tumours with absolute assurance.

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

Spitz naevia lesions are clinically benign. A 2011 study reporting on 157 patients with Spitz-type melanotic lesions suggests that atypical Spitz tumours pose a minimal threat of mortality but have an increased risk of melanoma and a moderate risk of metastasis to regional nodes.

Aggressive treatment is usually not needed, but monitoring for signs of relapse, as well as subsequent melanomas, is recommended.

Risk Factors for Spitz Naevi

Risk factors for Spitz naevi include:

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.

(Medscape; Children's Hospital of Wisconsin).

Incidence of Spitz Naevus in South Africa

Because Spitz Naevi are not malignant tumours, the National Cancer Registry of 2012 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. The section skin which was removed, is sent to a laboratory for a pathologist to examine. This is called a biopsy, and doctors who read the biopsies are called pathologists. Experienced pathologists can usually 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.

(Children's Hospital of Wisconsin).

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

One is also more at risk of melanoma if either of one's parents has had melanoma, or has lots of moles.

(Cancer Research UK).

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 high 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

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Sources and References

Cancer Research UK

<http://www.cancerresearchuk.org/about-cancer/cancers-in-general/cancer-questions/does-spitz-naevus-come-back>

Children's Hospital of Wisconsin

<http://www.chw.org/medical-care/dermatology-program/conditions/spitz-nevus/>

Medscape

<http://emedicine.medscape.com/article/1059623-overview>

Spitz Naevi

<http://www.dermnetnz.org/lesions/spitz-naevus.html>