

Dermoscopic Findings of the Evolving Pigmented Spitz Nevus in a Child

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Citation: Pogorzelska-Dyrbuś J, Bergler-Czop B. Dermoscopic findings of the evolving pigmented Spitz nevus in a child. *Dermatol Pract Concept.* 2022;12(4):e2022158. DOI: <https://doi.org/10.5826/dpc.1204a158>

Accepted: January 27, 2022; **Published:** October 2022

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Funding: None.

Competing interests: None.

Authorship: All authors have contributed significantly to this publication.

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Case presentation

A 12-year-old girl presented for a routine examination with a 4-mm oval-shaped dark brown papule on the right temple which slowly grew since her early childhood (Figure 1A). Dermoscopy showed a homogenous half-blue and half-brown presentation (Figure 1B 20x, FotoFinder GmbH). The lesion has changed subtly within two years (Figure 1C). After three years, the lesion displayed a uniform blue-brown color with streaks distributed at the periphery (Figure 1D). The high magnification dermoscopy revealed peripherally distributed brown roundish cells [1] (Figure 1E, F, 400x, FotoFinder GmbH). The patient underwent excision of the lesion and histopathological diagnosis of Spitz nevus was established. The consent to publish data has been obtained from the patient’s parents.

Teaching point

Typical for children Spitz nevi usually occur as a solitary, rapidly growing, pink nodule on the face [2]. This case represents a less common presentation of Spitz nevus in childhood, with changes extremely extended in time.

References

1. Cinotti E, Tognetti L, Campoli M, et al. Super-high magnification dermoscopy can aid the differential diagnosis between melanoma and atypical naevi. *Clin Exp Dermatol.* 2021;46(7):1216-1222. DOI: 10.1111/ced.14566. PMID: 33486758.
2. Lallas A, Apalla Z, Ioannides D, et al. Update on dermoscopy of Spitz/Reed naevi and management guidelines by the International Dermoscopy Society. *Br J Dermatol.* 2017;177(3):645-655. DOI: 10.1111/bjd.15339. PMID: 28118479.

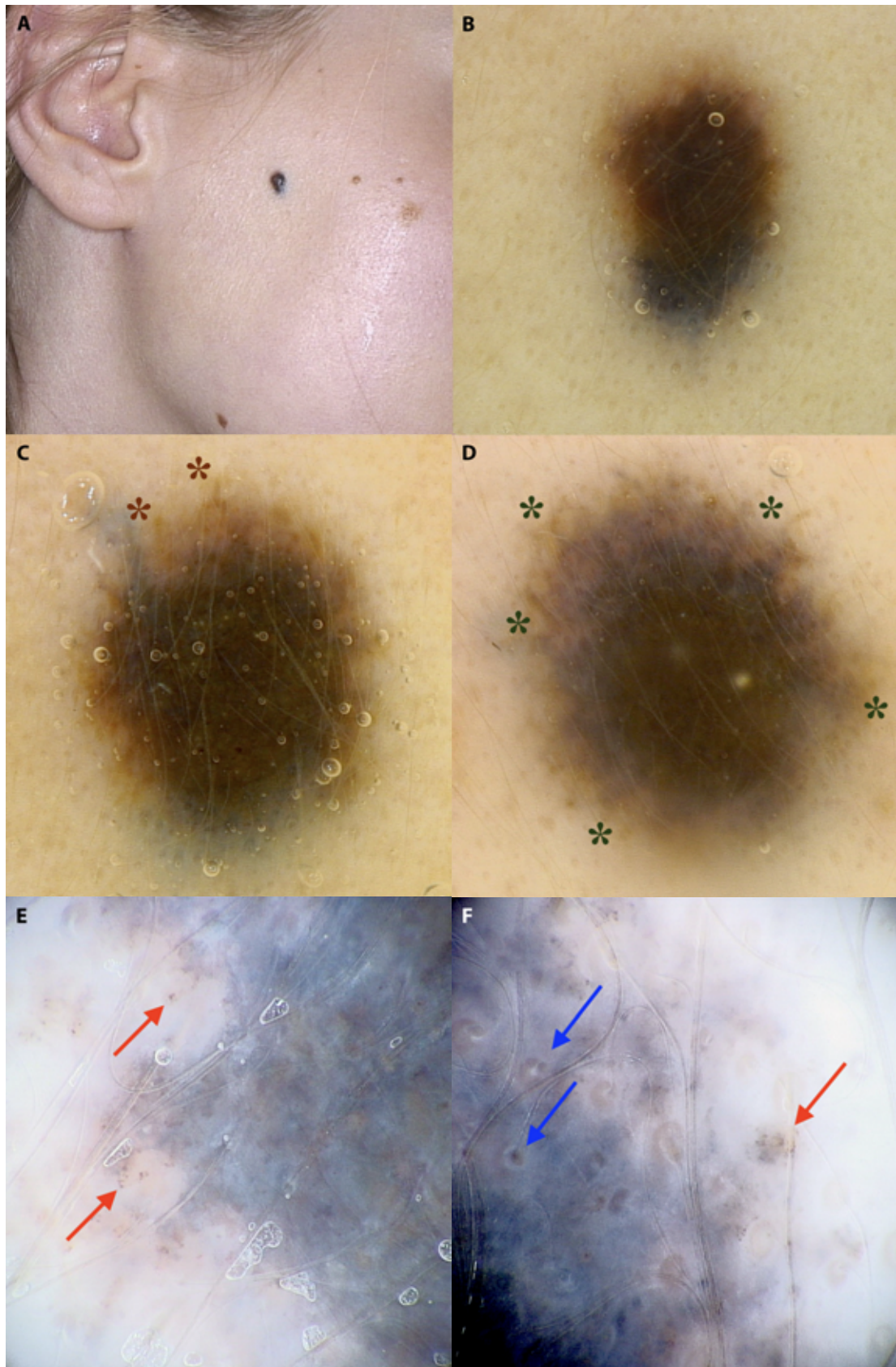


Figure 1. (A) The clinical presentation of the nevus - a 4-mm oval-shaped dark brown papule. (B) Dermoscopic image of the nevus at the first visit with a homogenous half-blue and half-brown presentation. (C) Subtle changes in dermoscopic features of the nevus after two years, with streaks appearing in the upper left quadrant (claret asterisks). (D) Dermoscopic image of the nevus after three years with uniform blue-brown color with streaks distributed at the periphery (green asterisks). (E and F) High magnification dermoscopic image of the lesion revealed blue-grey background with distinctive brown oval structures corresponding to the hair follicles (blue arrows) and peripherally distributed brown roundish cells corresponding to peripheral streaks (red arrows).