A concerned woman with a concealed mole

HUGH ROBERTS MB BS
ALEX J. CHAMBERLAIN FACD

With sufficient training and expertise, clinicians can use dermoscopy to improve diagnostic accuracy for melanocytic lesions and other common skin tumours.

Case presentation

A 38-year-old woman presented for assessment of a pigmented lesion on the lower abdomen that was usually concealed just beneath the top of her underpants. She felt that the lesion had been present for a number of years, with some darkening and an increase in size over the preceding 12 months. She was otherwise healthy and had no melanoma risk factors, such as a family history or atypical mole pattern.

The lesion was a symmetrical dark brown plaque measuring 9 x 7 mm. The margin was regular and well defined, albeit slightly lighter in colour (Figure 1). Dermoscopy revealed a regular pigment net with scattered horn cysts and peripheral brown globules arranged in a starburst pattern (Figure 2). There was a suggestion of an inverse net centrally.

Diagnosis

The clinical diagnosis was a pigmented Spitz naevus.

Discussion

The so-called Spitz naevus represents a morphological variant of compound melanocytic naevus. Although previously considered to affect children only, it is now well recognised that over 50% of cases occur in teenagers and adults up to 40 years of age.

Histologically, Spitz naevi may mimic melanoma with nests of spindled melanocytes and frequent mitotic figures. Set histopathological criteria will help to differentiate them from melanoma in most cases. They typically present as a pink to red dome-shaped papule or nodule on the face or legs. Pigmented variants are not uncommon and may be difficult to differentiate from melanoma. Spitz naevi typically appear over a period of three to six months and ultimately reach a diameter of 1 to 2 cm.

On dermoscopy, peripheral structures like radially streaming streaks, pseudopods or globules may give the impression of an exploding star. The term starburst pattern is used to describe this characteristic dermoscopic feature, which is seen in over 50% of Spitz naevi. Other dermoscopic features are variable in Spitz naevi, but a symmetrical pigment pattern and a rim of peripheral brown globules are also common findings.

The management of Spitz naevi is controversial, particularly for the pigmented variant. For lesions with characteristic clinical and dermoscopic features, observation with regular follow up is appropriate. However, excisional biopsy with histopathological examination is recommended for lesions with atypical clinical or dermoscopic features. In older patients with dome-shaped black nodules, melanoma should be the first and foremost diagnosis, rather than Spitz naevus, which is primarily a diagnosis of adolescents and young adults. Dermoscopy also helps to distinguish melanoma, which is more likely to have asymmetrical peripheral pigment structures such as branched streaks, radial streaming and pseudopods.

Dr Roberts is a Research Fellow and Dr Chamberlain is Research Co-ordinator at the Victorian Melanoma Service, Alfred Hospital, Prahran, Melbourne, Vic.

Figure 1. The symmetrical pigmented lesion located on the suprapubic abdomen.

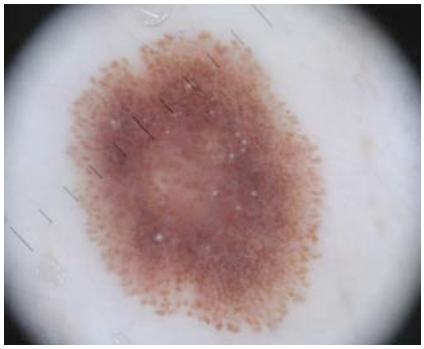

Figure 2. Dermoscopy showed a regular pigment net with peripheral brown globules arranged in a starburst pattern.

Keypoint

Spitz naevi are found on both children and adults. A starburst pattern is the dermoscopic hallmark, observed in over 50% of cases. MT

Further reading

1. Ferrara G, Argenziano G, Soyer P, et al. The spectrum of Spitz nevi: a clinicopathologic study of 83 cases. Arch Dermatol 2005; 141: 1381-1387.
2. Marchell R, Marghoob AA, Braun RP, Argenziano G. Dermoscopy of pigmented Spitz and Reed nevi: the starburst pattern. Arch Dermatol 2005; 141: 1060.
3. Menzies SW, Crotty KA, Ingvar C, McCarthy WH. An atlas of surface microscopy of pigmented skin lesions: Dermoscopy. 2nd ed. Sydney: McGraw-Hill; 2002.

DECLARATION OF INTEREST: None.