

Atypical Verrucous Presentation of Spitz Nevus

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Citation: Kelati A, Oqbani K, Chiheb S. Atypical Verrucous Presentation Of Spitz Nevus. *Dermatol Pract Concept*. 2023;13(1):e2023046. DOI: <https://doi.org/10.5826/dpc.1301a46>

Accepted: September 6, 2022; **Published:** January 2023

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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 seven-year-old girl, without any medical history, presented with a 4-year history of an asymptomatic pigmented lesion on the left ankle, which started to change and to grow - according to the family - since one year. Dermatological examination revealed a pigmented verrucous nodule of the left ankle (Figure 1A). No other lesions were found. Contact dermoscopy revealed an irregular asymmetric peripheral network, and central white globular structures surrounding violaceous vessels in some spots (Figure 1B). Spitzoid melanoma, spitz tumor or collision tumor of spitz nevus and a viral wart were discussed. The lesion was excised, histopathology revealed a papillomatous lesion with a predominance of epithelioid melanocytic cells, cellular maturation in the deep dermis, and absence of atypia or mitosis, which confirmed the diagnosis of verrucous spitz nevus, without any signs of malignancy or viral cytopathic changes (Figure 1C).

Teaching Point

Spitzoid melanocytic lesions represent a challenging spectrum from benign spitz nevi to malignant spitzoid melanoma, because of the morphological and dermoscopic overlap between them [1,2].

Spitz nevi arise more commonly in females, and in childhood but may occur at any age. There are 3 dermoscopic patterns that may be considered as suggestive of Spitz nevus: starburst pattern, regularly distributed dotted vessels and globular pattern with reticular depigmentation [2]. Although we report through this observation an atypical multicomponent pattern in a spitz nevus, excision should be performed in the case of an asymmetric lesion with a multicomponent pattern in order to rule out spitzoid melanoma.

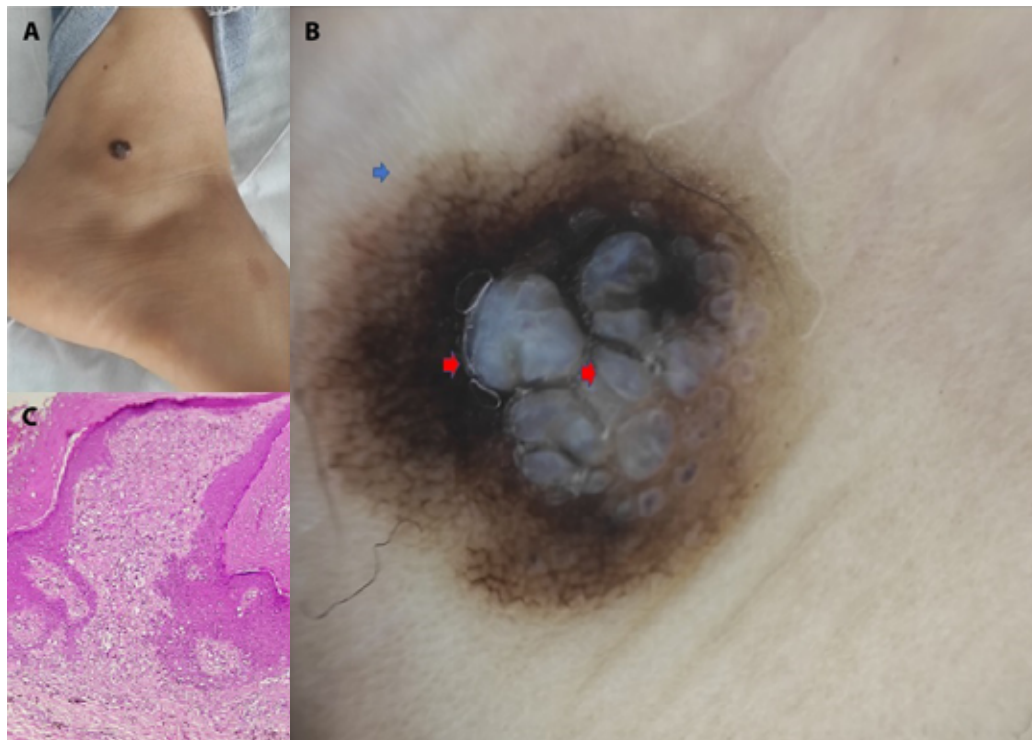


Figure 1. Spitz nevus. (A) Pigmented verrucous nodule of the left ankle. (B) Dermoscopy: irregular asymmetric peripheral black network (blue arrow) and central white globular structures (red arrows) surrounding violaceous vessels in some spots. (C) Histopathology (H&E, x40 magnification): papillomatous lesion with a predominance of epithelioid melanocytic cells, cellular maturation in the deep dermis, and absence of atypia or mitosis.

References

1. Moscarella E, Al Jalbout S, Piana S, et al. The stars within the melanocytic garden: unusual variants of Spitz naevi. *Br J Dermatol.* 2015;172(4):1045-1051. DOI: 10.1111/bjd.13347. PMID: 25123161.
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.