PATIENT INFORMATION LEAFLET

SPITZ NAEVUS

For children, young people and their families

WHAT ARE THE AIMS OF THIS LEAFLET?

This leaflet has been written to help you understand more about Spitz naevus. It explains what it is, what can be done about it and where more information can be found.

WHAT IS A SPITZ NAEVUS?

Spitz naevi (plural form of naevus) are a type of mole. Moles are very common skin marks that can be flat or raised. Most moles are harmless and do not need treatment if they are stay the same. A Spitz naevus is an uncommon type of mole, named after Dr Sophie Spitz, the skin doctor who first described it.

Spitz naevi can occur anywhere on the body, but are most often on the head, neck, arms and legs.

WHY HAVE I GOT A SPITZ NAEVUS?

No one knows why children get these odd moles. They are quite rare, occurring in around 7 out of 100 of people, but often occur before the age of 20. They can also occur in adults, but this is rarer.

WHAT DOES A SPITZ NAEVUS LOOK LIKE?

A Spitz naevus is a new mole which normally grows quite quickly to start with but can then stop growing. It will not disappear on its own. It looks a bit different to an ordinary brown mole and may be pink or red (or even blue or black). It is usually a raised dome-shaped bump.

HOW WILL A SPITZ NAEVUS BE DIAGNOSED?

The healthcare professional will examine the mole using a dermatoscope (a handheld device, a bit like a magnifying glass). This gives the doctor some information about the mole and may help an accurate diagnosis to be made.

The healthcare professional may advise removal of the mole (a skin biopsy), and this will depend on how it is behaving and what it looks like. Once the mole is removed it will be examined under a microscope to confirm that it is a Spitz naevus and the healthcare professional will discuss the findings with you.

WHY TREAT SPITZ NAEVUS?

The reason for treatment is to confirm the diagnosis. Sometimes, it can be difficult to tell a Spitz naevus from a type of skin cancer based upon its appearance alone. If the naevus does not need removing, it is still recommended that it is monitored. Spitz naevi should not be treated by burning, scraping, freezing or a laser.

HOW IS SPITZ NAEVUS TREATED?

The treatment is by surgery – a procedure called excision. Excision is a procedure where a mole or other skin issue is removed. This will usually be done whilst you are awake, but they will numb the area with a local anaesthetic (an ointment, spray or injection which numbs the skin). However, very young children may need to have it removed under general anaesthetic (this is when they are put to sleep).

The surgery will leave a scar. Scars are marks that can last forever but normally fade over time. They can sometimes become a bit raised and itchy. Most Spitz naevi do not need any further treatment after they have been removed.

WHAT CAN BE EXPECTED?

When Spitz naevi first appear, they can get bigger quite quickly before they then stop growing. They will not disappear on their own.

If the mole is removed, then the doctor will discuss the results with you. Most Spitz naevi do not need any further treatment after they are removed.

WHAT CAN BE DONE TO HELP LOOK AFTER SKIN?

It is also important to protect your skin from the sun.

Covering up with hats and clothing, staying out of the mid-day sun and wearing sunscreen, re-applied often whilst you are outdoors, are all important to protect your skin and your moles.

Alternative treatments

As Spitz naevi in children are usually harmless, the doctor will not advise treatment if they are not worried about it. However, they may initially choose to keep it under review to ensure it isn't changing.

WHERE CAN I GET MORE INFORMATION ABOUT SPITZ NAEVUS?

Weblinks to other relevant sources:

Skin Health Info:
www.skinhealthinfo.org.uk/condition/melanocytic-naevi-pigmented-moles/

Jargon Buster:
www.skinhealthinfo.org.uk/support-resources/jargon-buster/

Please note that the British Association of Dermatologists (BAD) provides web links to additional resources to help people access a range of information about their treatment or skin condition. The views expressed in these external resources may not be shared by the BAD or its members. The BAD has no control of and does not endorse the content of external links.

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This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

BRITISH ASSOCIATION OF DERMATOLOGISTS

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