



Spitz Naevus

Written for parents and young people (key stage 2 and above)

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 are often called moles. Moles are very common marks or growths on skin. Moles can be flat or raised and most people have them. If they are staying the same then they are nothing to worry about and do not need to be removed. A Spitz naevus is an uncommon type of mole. It is named after Dr Spitz who was the skin doctor who first described it.

They can occur anywhere, but most often they are on the head, neck and legs.

Why have I got a Spitz naevus?

No-one knows why children get these odd moles. They are pretty rare (they happen in around 7 out of 100,000 people) but often occur before the age of 20. They can also occur in adults, but this is rarer, and they are harder to diagnose without surgically removing them.

What does a Spitz naevus look like?

A Spitz naevus is a new mole which normally grows quite quickly to start with but then can stop growing. 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 doctor will examine the mole and look closely at it with a dermatoscope (a handheld instrument, a bit like a magnifying glass. It can make things bigger (magnify) by up to 10 times). This gives the doctor some information about the mole and may help an accurate diagnosis to be made.

The doctor may advise removal of the mole, 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.

Why treat Spitz naevus?

The reason for treatment is to confirm the diagnosis. In some cases 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 which 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.

When should treatment be given?

If the doctor needs more information about the mole or naevus, they will advise removing it. This will usually be done whilst you are awake, but they will have numbed 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).

What can be expected?

Initially when they first appear the moles will 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 factors 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 further information?

<https://www.skinhealthinfo.org.uk/condition/melanocytic-naevi-pigmented-moles/>

For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Society for Paediatric Dermatology which is a part of the British Association of Dermatologists. Individual patient circumstances may differ, which may alter both the advice and treatment given by your doctor

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

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