Dermatology Practical & Conceptual

Eruptive Disseminated Spitz Nevi With Architectural Features of Clark/Dysplastic Nevus

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Introduction

Spitz nevi can be classified into three variants: solitary, agminated or segmental ,and eruptive disseminated (EDSN). The EDSN variant is exceedingly rare. EDSN typically manifests with an abrupt, eruptive onset, developing over a period of several months, followed by a slow progressive course, and eventually involution [1,2].

Case Presentation

The patient, a 52-year-old female, was admitted because of the sudden appearance of hundreds of lesions that had increased in number and size over the past 10 years. Initially, when the patient first developed these lesions, she underwent excision of a malignant melanoma in the left flank region, classified as superficial spreading melanoma with Breslow thickness 0.5 mm. In the ensuing years, the patient underwent approximately 50 excisions of nevi, the majority of which were histopathologically classified as dysplastic nevi. It is noteworthy that the patient had no history of Spitz nevi excision.

A physical examination revealed the presence of multiple macules and papules of varying sizes and colors, spanning a spectrum from light brown to dark brown and gray-brown or gray, distributed across the entire surface area of the skin, mostly on the trunk and proximal limbs, sparing the face and acral skin (Figure 1, A and B). In cases where there was a suspicion of melanoma, an excisional biopsy was conducted with the guidance of dermoscopy. The majority of lesions observed in the histopathological examination were composite melanocytic in nature, exhibiting interpapillary ridges extensions and papillary dermis fibroplasia. A discrete inflammatory infiltrate of lymphocytes was observed in the

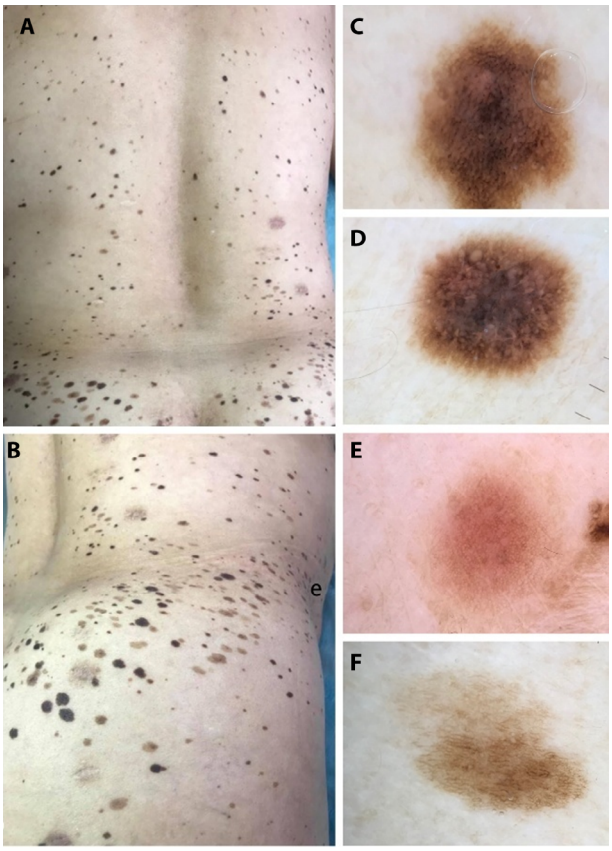

Figure 1. (A, B) Clinical: Among the large number of lesions, some were dark brown, while others were either noticeably lighter in color or exhibited a hint of gray, evidence that the patient gradually developed new and darker lesions, while others seem to recede, with a lighter brown or gray element. Dermoscopy: (C, D) The most heavily pigmented lesions exhibit predominantly reticular lines that display a variegated brown and gray-brown coloration. (E, F) In contrast, in the lighter lesions, there are remnants of a light-colored reticular pattern.

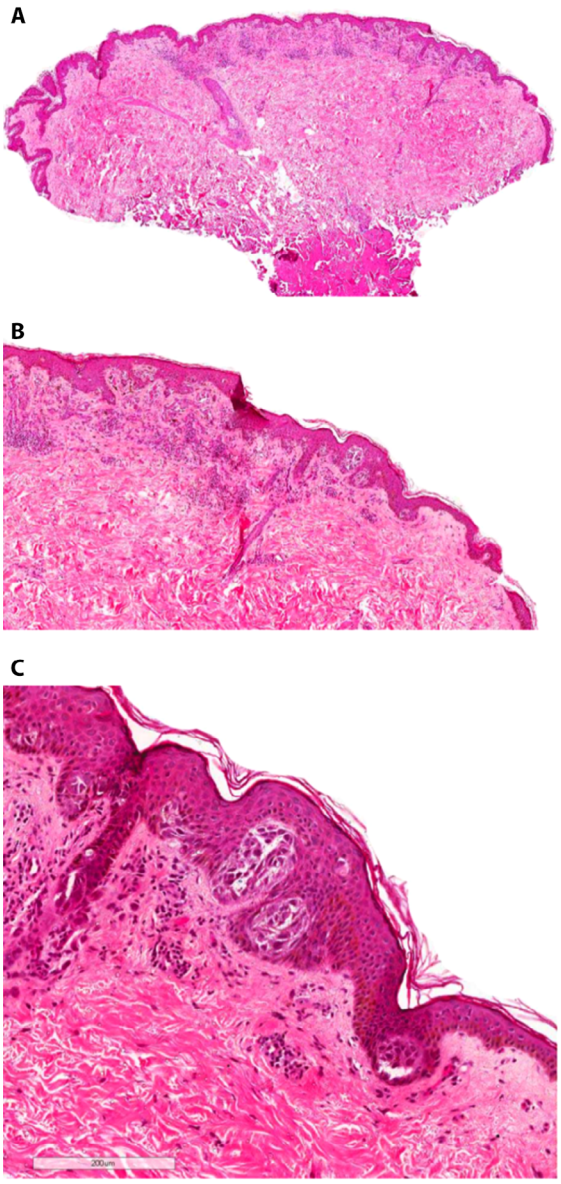

Figure 2. (A-C) Histopathology: A composite melanocytic lesion, exhibiting interpapillary ridges extensions and papillary dermis fibroplasia, characteristically for Clark/dysplastic nevus and the melanocytic elements exhibiting spitzoid characteristics with large eosinophilic cytoplasm and with a good delimitation between cells.

dermis. The infiltrate was observed to permeate the dermal component of the lesion. These characteristics are typically observed in Clark/dysplastic nevi. Furthermore, the melanocytic elements of these lesions exhibited spitzoid characteristics, namely, a large eosinophilic cytoplasm and with a good delimitation between cells3 (Figure 2A-C). In the subsequent years, the pigmented lesions exhibited a gradual decline or complete resolution, with no new lesions emerging. Currently, only a minor subset of lesions persists.

Discussion

Fifteen of the lesions that were excised from the patient showed a histopathological picture of nevi, with cytological features of Spitz nevus and architectural features consistent with Clark/dysplastic nevus, also referred to as Spark nevus. This finding is considered unusual in the context of EDSN. Interestingly, although the present case was not tested for *BRAF* mutation status, in a recent study on benign and intermediate-grade melanocytic tumors with *BRAF* mutations and spitzoid morphology (BAMS), eight out of 36 cases had architectural features typical of Spark nevi, including plaque-like silhouettes with a fusion of rete ridges and lamellar fibroplasia [4].

The nevi observed in this patient (Figure 1C-F) lacked the typical clinical and dermatoscopic features associated with Spitz nevi,5 which may be explained by the mixture of histopathological features of Spitz and Clark nevi that we observed [6,7].

Conclusion

This case presents features not previously described for EDSN, with an unusual clinical presentation and, in particular, the histological presence of cytological features of Spitz nevus in combination with architectural features of Clark/dysplastic nevus. The recognition of the histopathologic characteristics of Spark nevi should be kept in mind in order to avoid overdiagnosis of melanoma.

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