Hospital Federal da Lagoa
Chefe: Dr João Carlos Regazzi Avelleira

Nevo de Reed na infância: um simulador de Melanoma

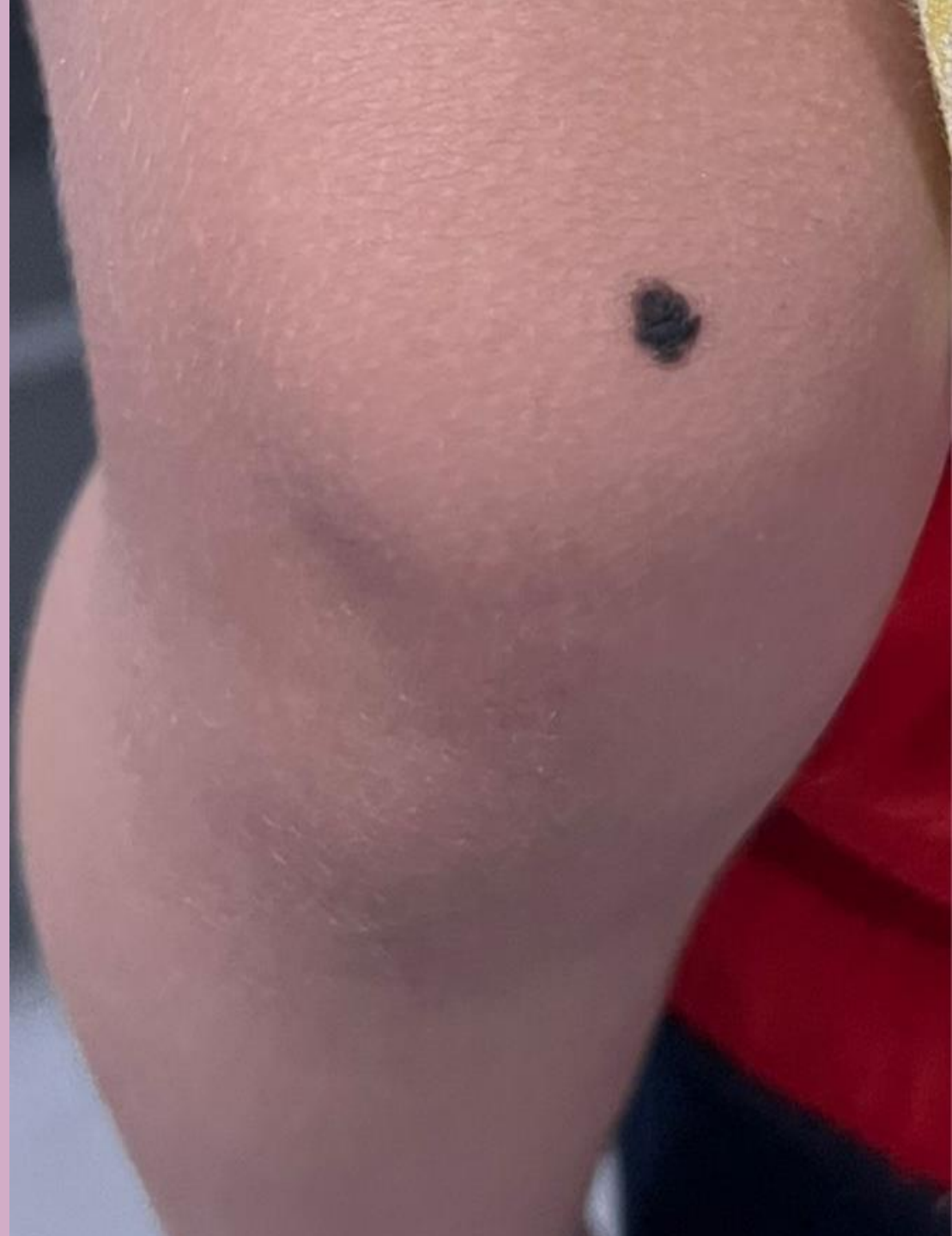
Autores: Gabriela Menegol Bassani , Maria Clara Faustino Linhares, João Carlos Regazzi Avelleira, Juan Pineiro-Maceira, Flavia de Freire Cassia e Juliana Corrêa Marques da Costa

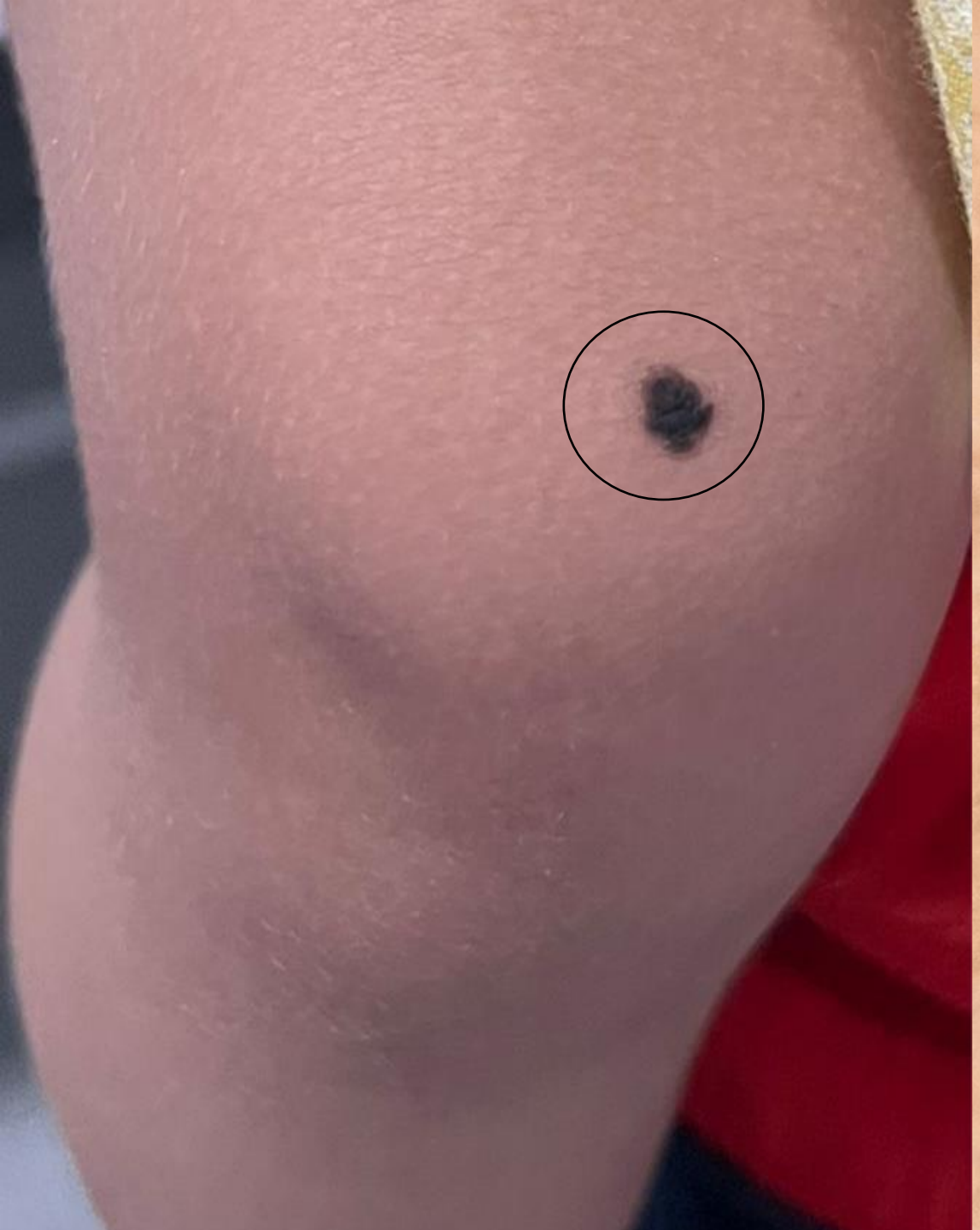
Identificação: Feminina, **2 anos**, natural e procedente do Rio de Janeiro

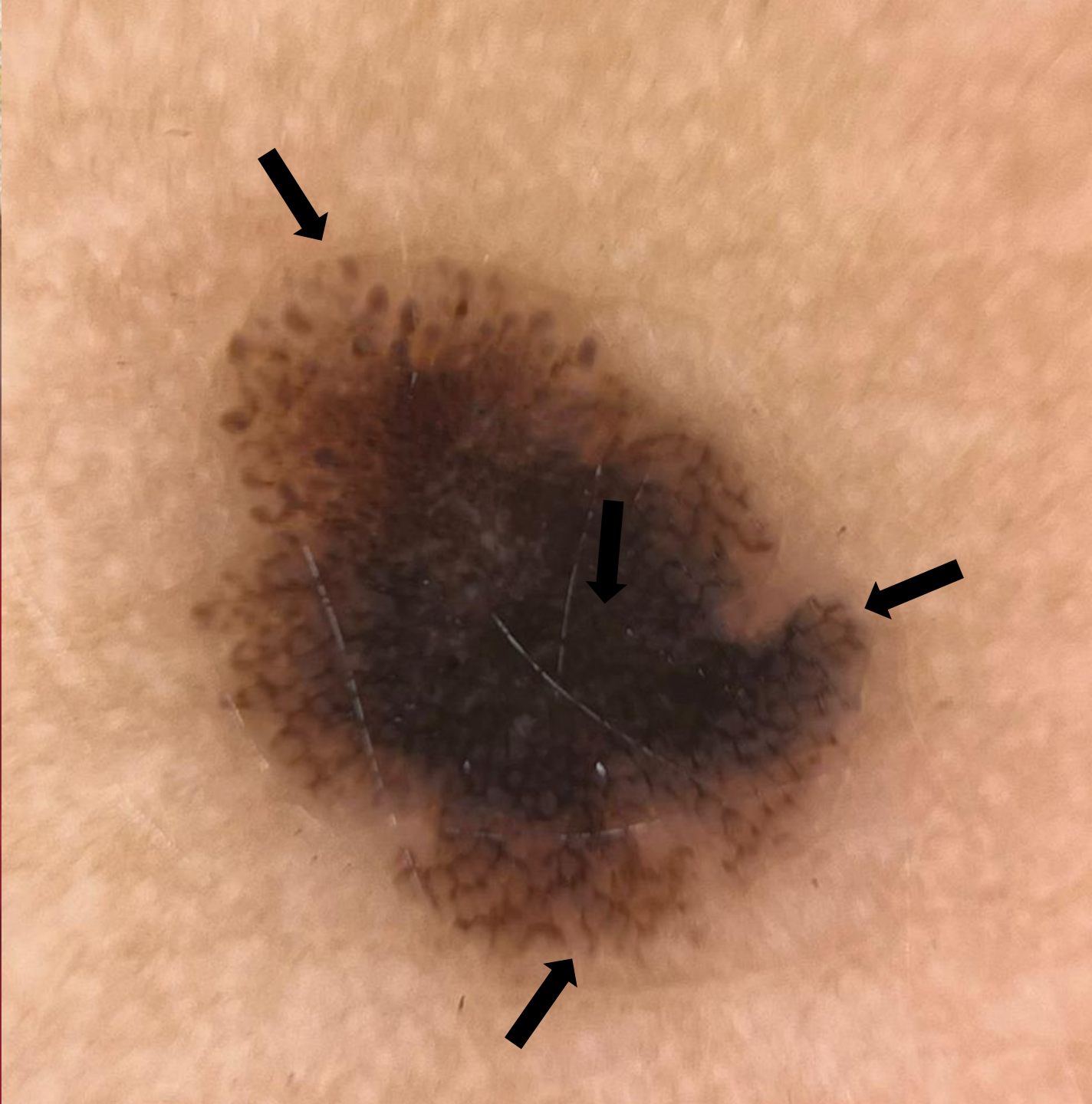
HDA: lesão **pigmentada** no joelho direito de surgimento desde o **nascimento**, inicialmente plana e puntiforme (conforme relato dos pais), a qual evoluiu com aumento de tamanho.

Paciente hígida, sem outras queixas dermatológicas.

Ao exame físico

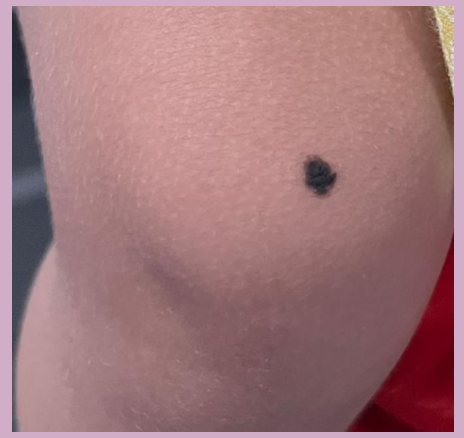


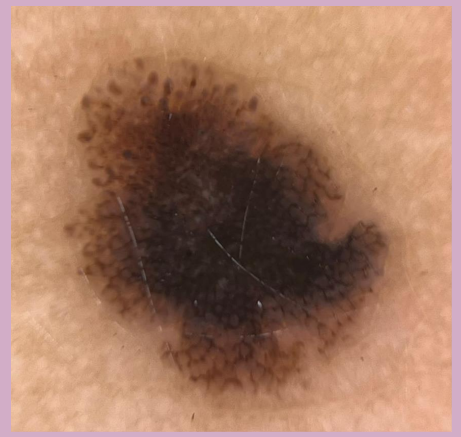




Hipóteses diagnósticas

Nevo de Reed?

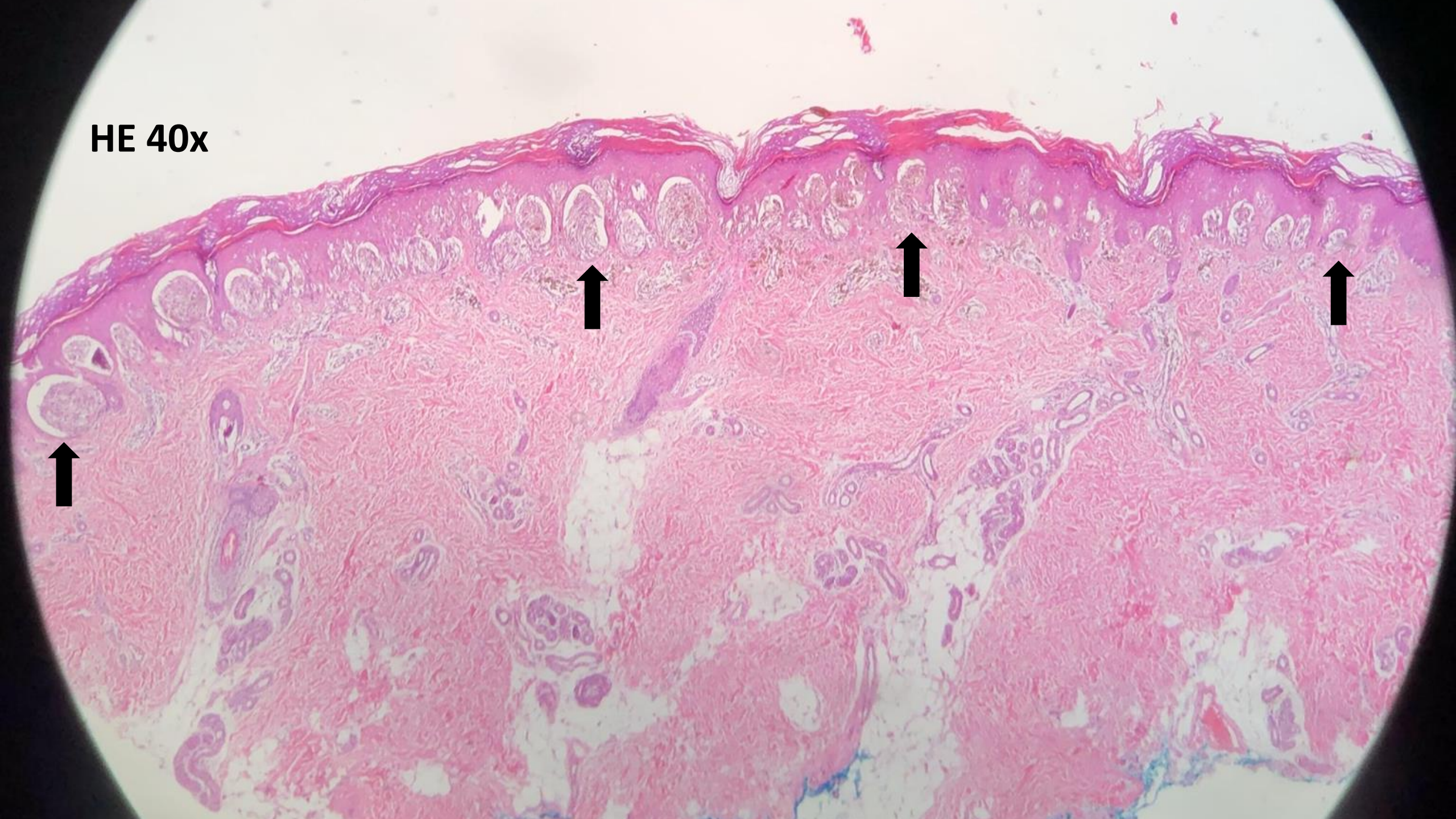




Pápula
Assimetria da lesão
Presente ao nascimento?

Melanoma?

Exérese pela Cirurgia Pediátrica e enviado para análise Histopatológica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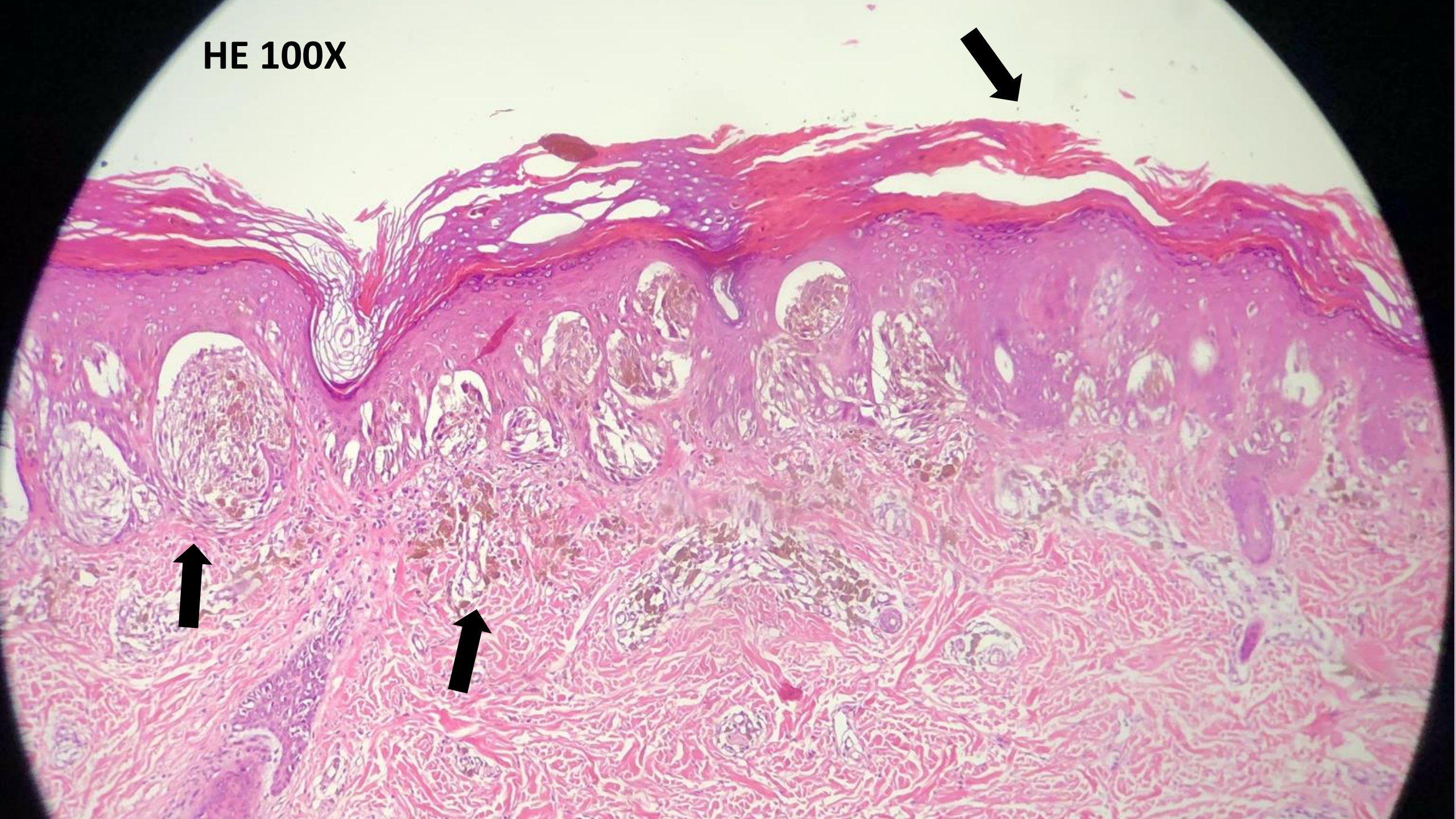
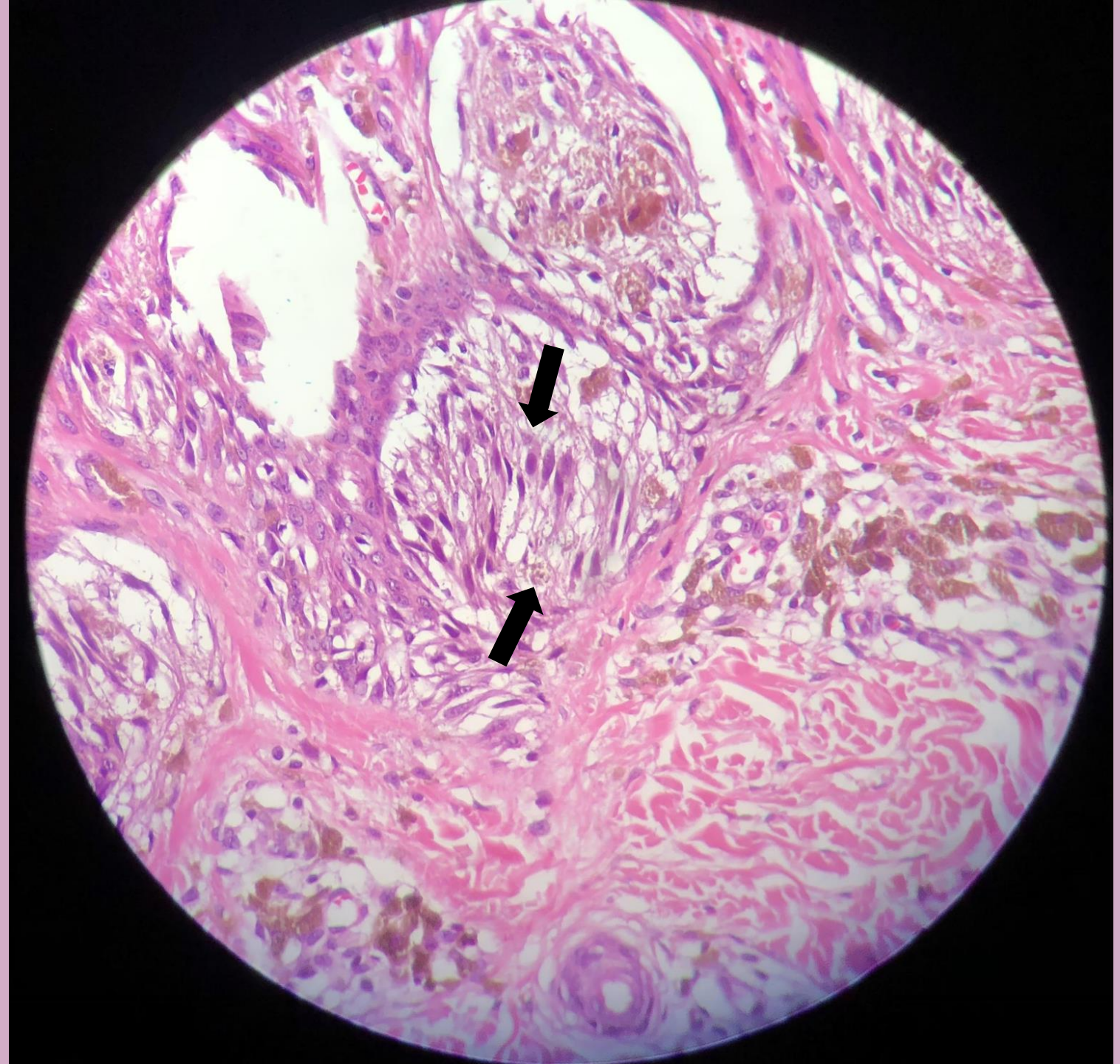
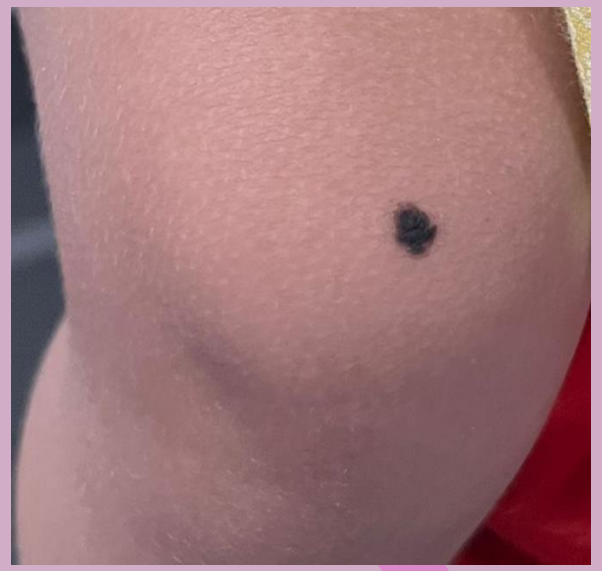

HE 100X

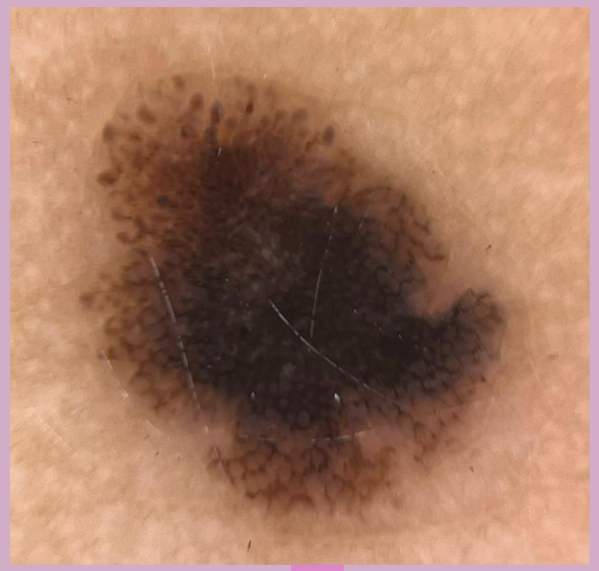
HE 400x



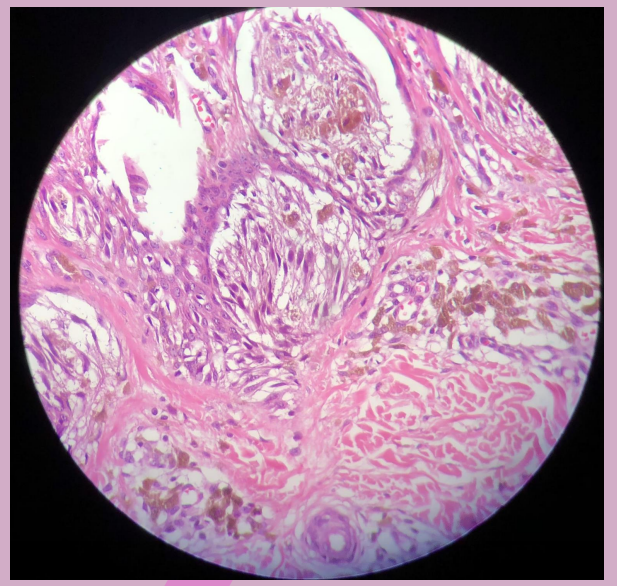
Clínica



Dermatoscopia



Histopatologia



Nevo de Reed

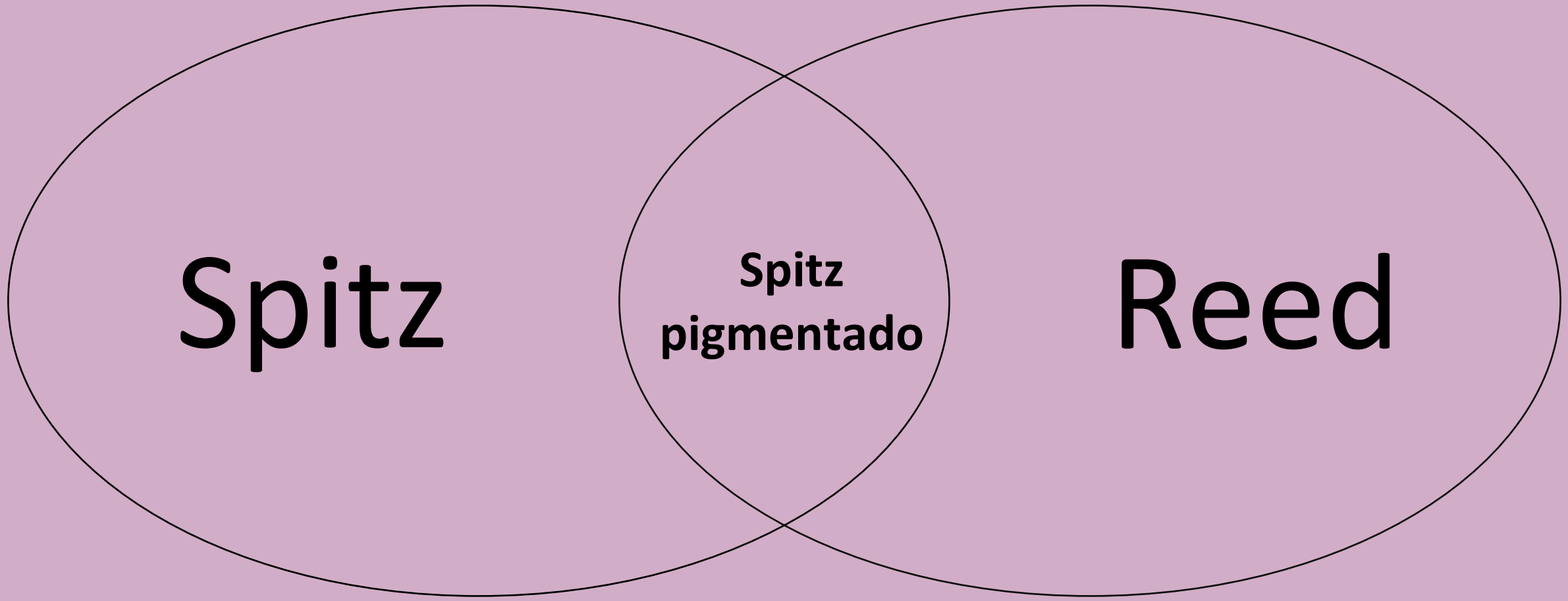
Histórico do Nevo de Spitz/Reed

- 1948 -> Sophie Spitz descreveu pela primeira vez o Nevo de Spitz como “Melanoma da Infância”;
- 1953 -> Allen incluiu o “Melanoma da infância” na categoria de lesões benignas;
- 1954 -> Helwig questionou o termo, pois havia casos em adultos e propôs o termo: “Nevo de células fusiformes”;
- 1975-> Reed *et al* descreveram uma lesão melanocítica intensamente pigmentada e benigna nas extremidade inferiores de adultos jovens;

Entidade nosológica única?

Variante pigmentada do Nevo de Spitz clássico?

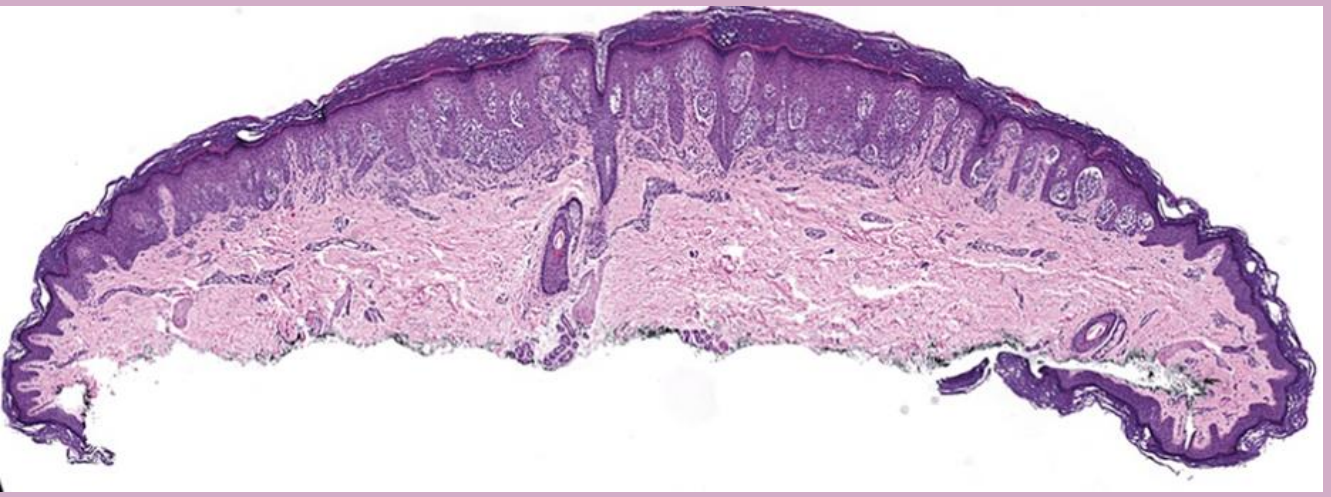
1. Yoradjian A, Enokihara MMSS, Paschoal FM. 2012;87 (3): 349-59
2. Boneti KK, Maceira JP, Pereira FB, Barcaui CB. An Bras Dermatol. 2010;85 (4):531-6.



1. Yoradjian A, Enokihara MMSS, Paschoal FM. 2012;87 (3): 349-59
2. Boneti KK, Maceira JP, Pereira FB, Barcaui CB. An Bras Dermatol. 2010;85 (4):531-6.
3 Lallas A, Apalla Z, Ioannides D, et al. Br J Dermatol. 2017;177(3):645-655

Histopatologia do Nevo de Spitz/Reed

NEVO DE SPITZ



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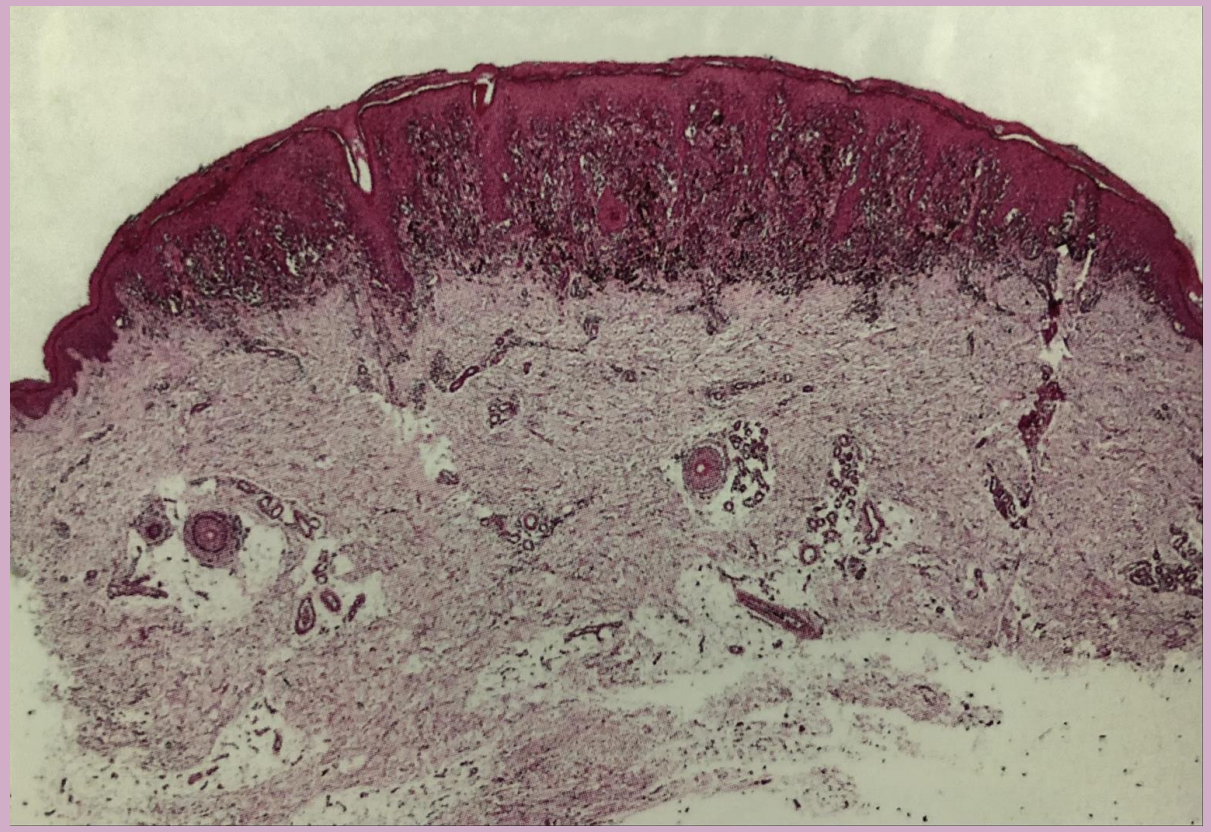

1. Waqar S, George S, Jean-Baptiste W, et al. Cureus 2022; 14(6): e26127.
2. Yoradjian A, Enokihara MMSS, Paschoal FM. An Bras Dermatol. 2012;87 (3): 349-59

Histopatologia do Nevo de Spitz/Reed

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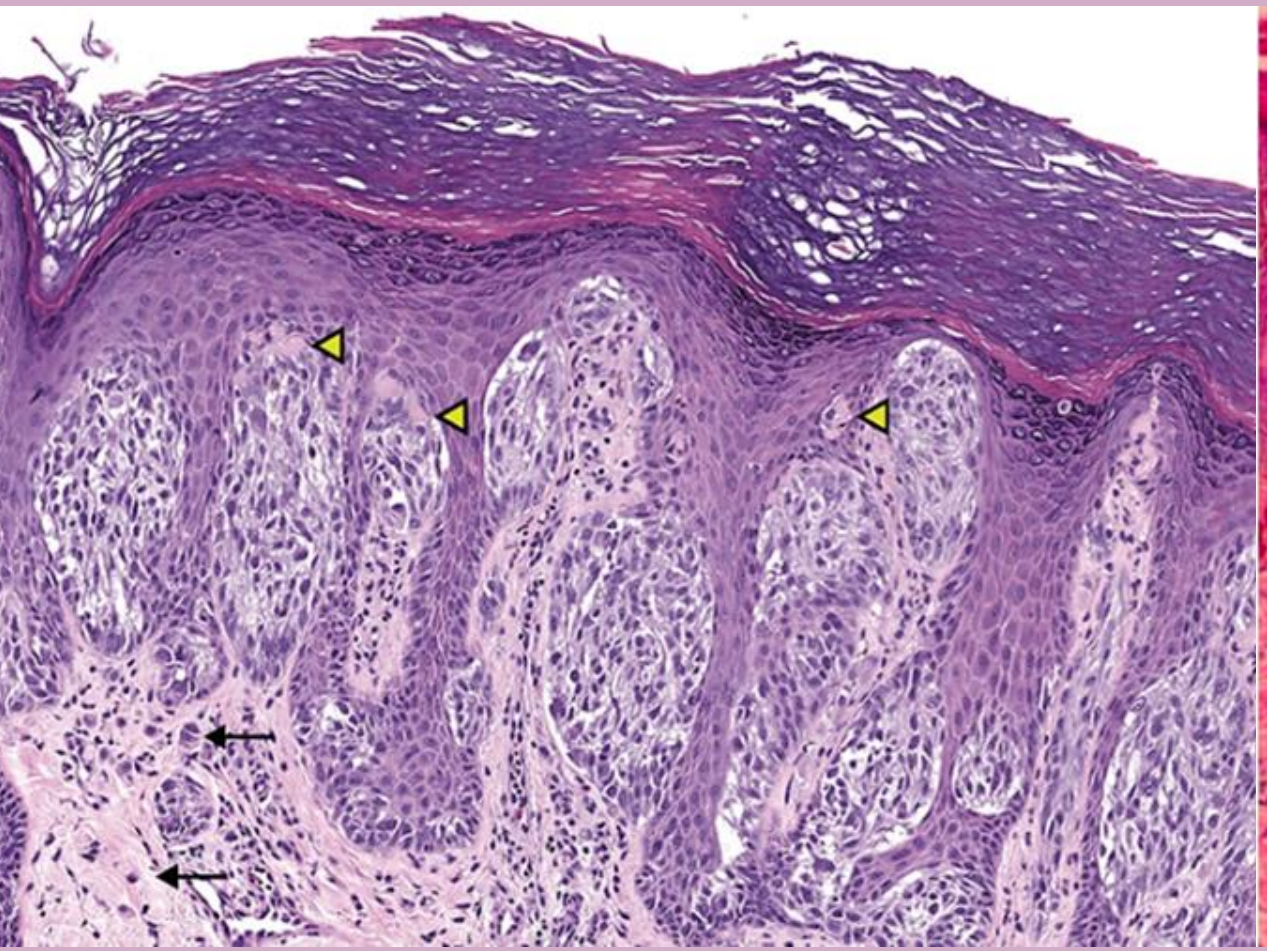

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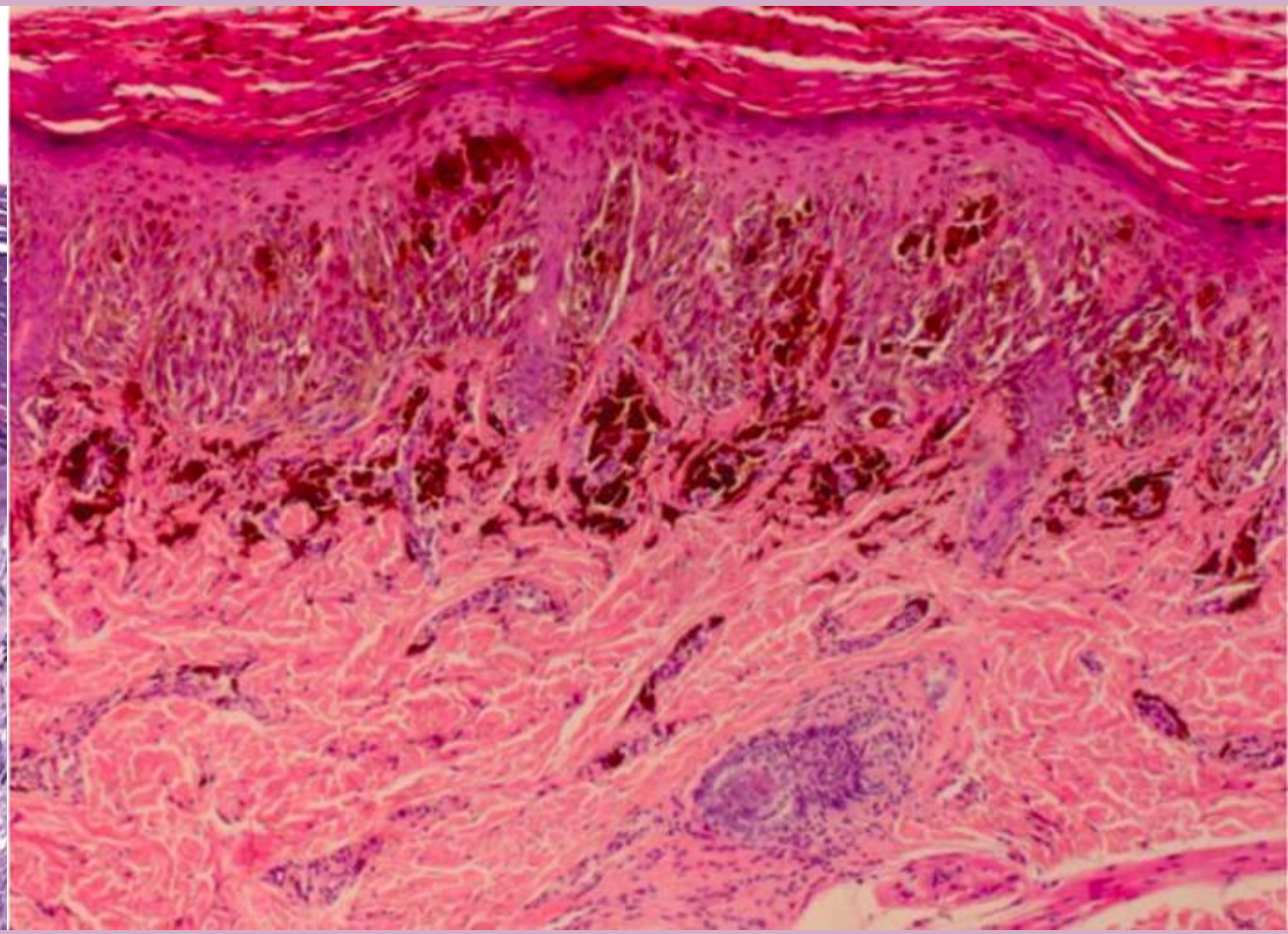

1. Waqar S, George S, Jean-Baptiste W, et al. Cureus 2022; 14(6): e26127.
2. Yoradjian A, Enokihara MMSS, Paschoal FM. An Bras Dermatol. 2012;87 (3): 349-59

Histopatologia do Nevo de Spitz/Reed

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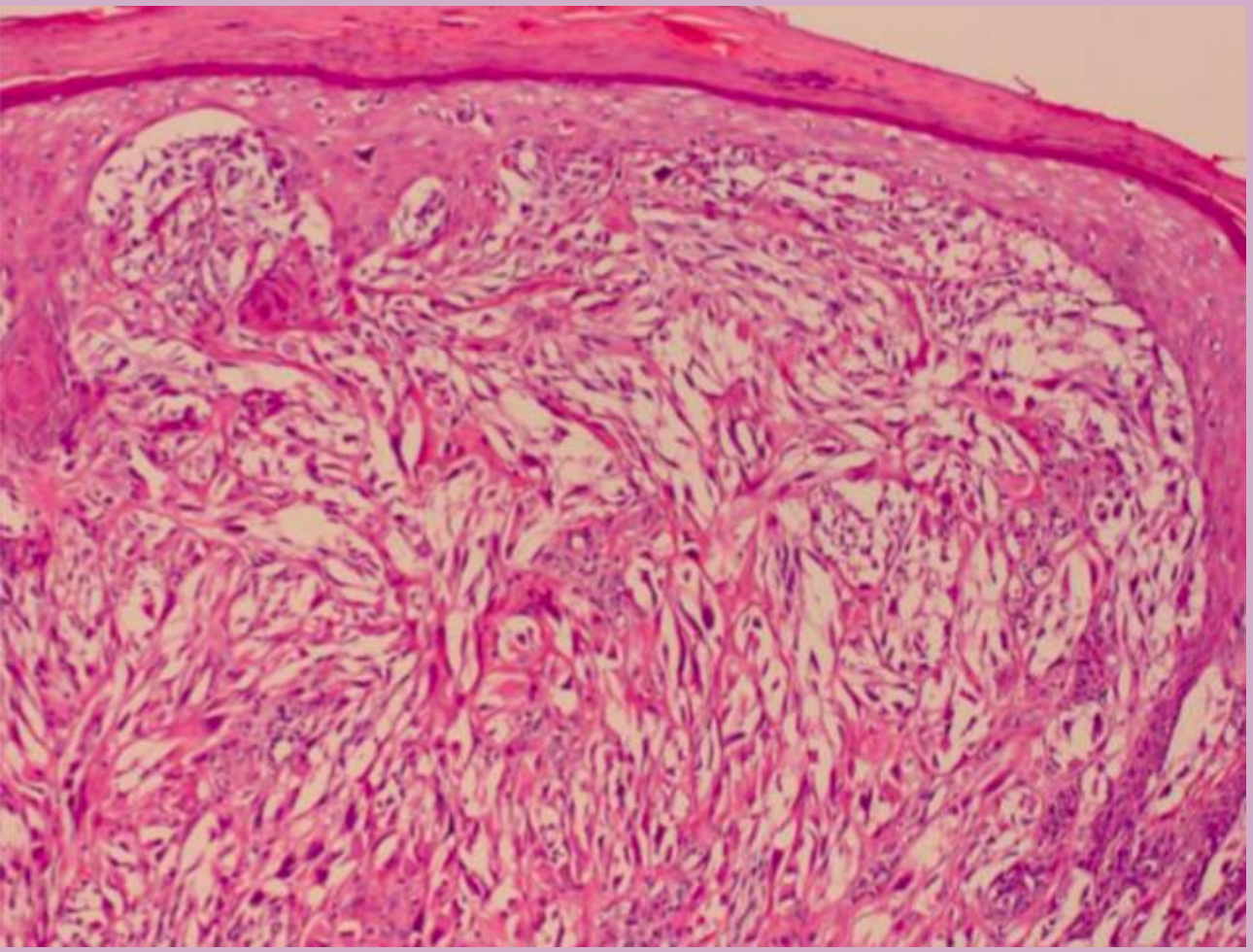

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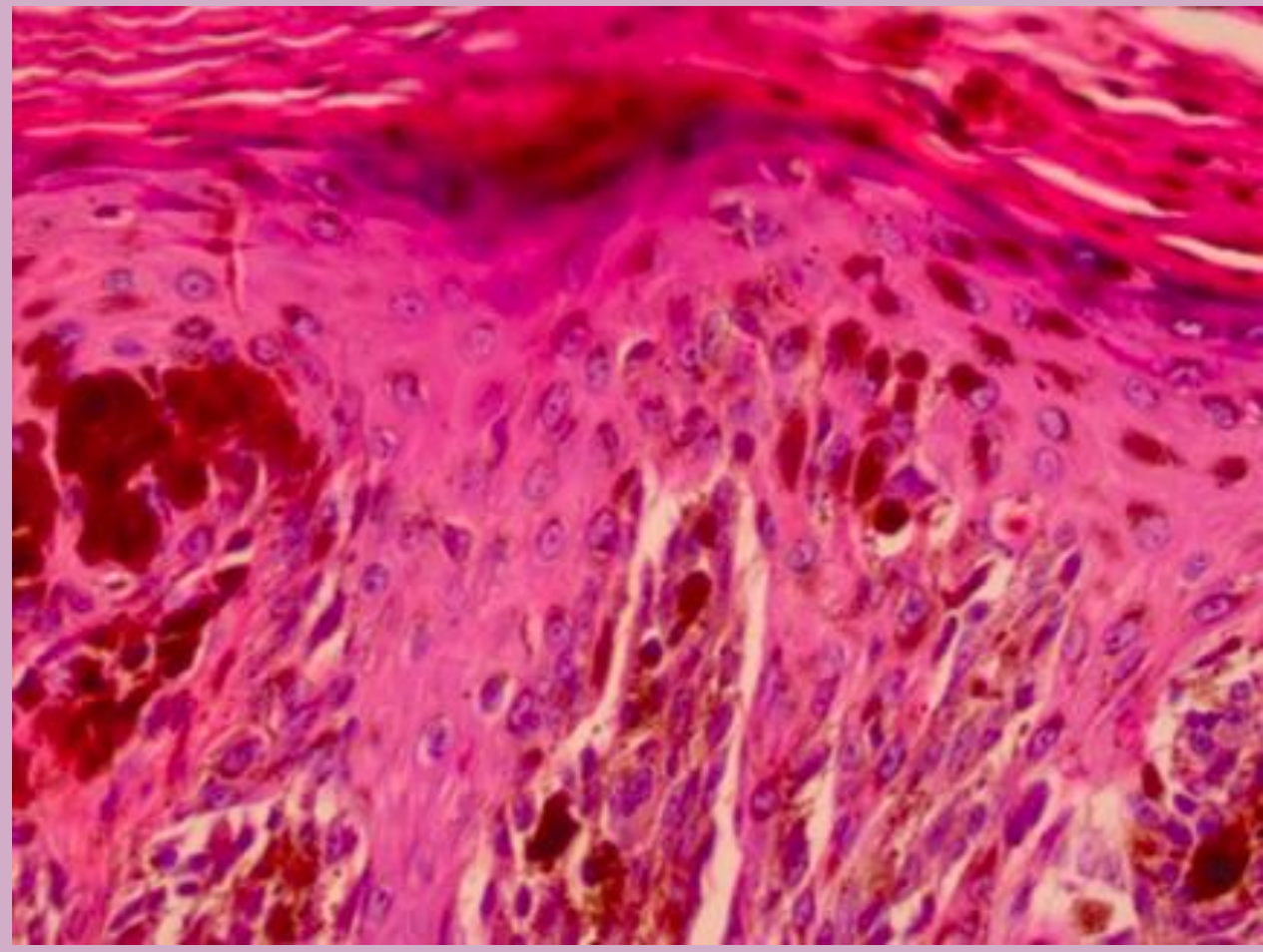
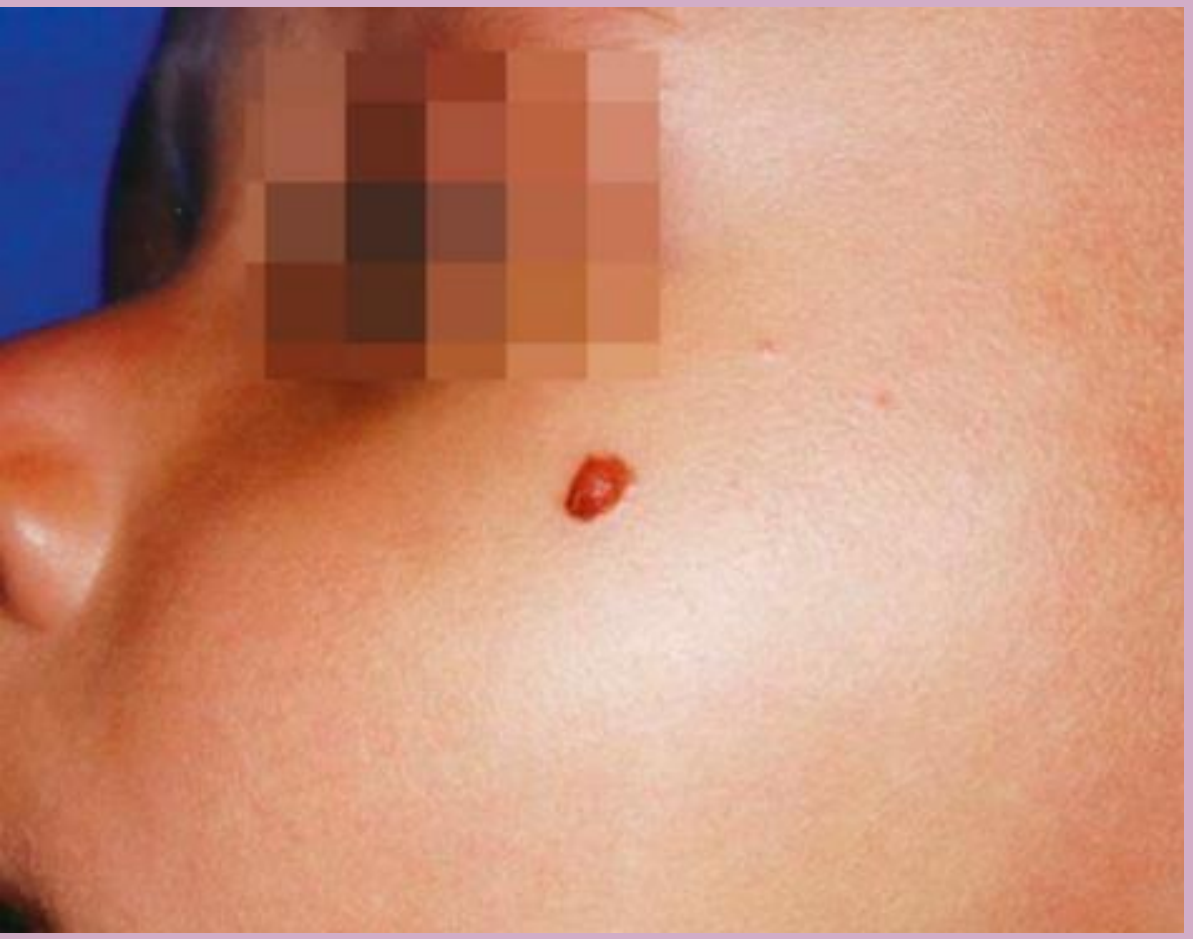


1. Waqar S, George S, Jean-Baptiste W, et al. Cureus 2022; 14(6): e26127.
2. Yoradjian A, Enokihara MMSS, Paschoal FM. An Bras Dermatol. 2012;87 (3): 349-59

Clínica do Nevo de Spitz/Reed

NEVO DE SPITZ



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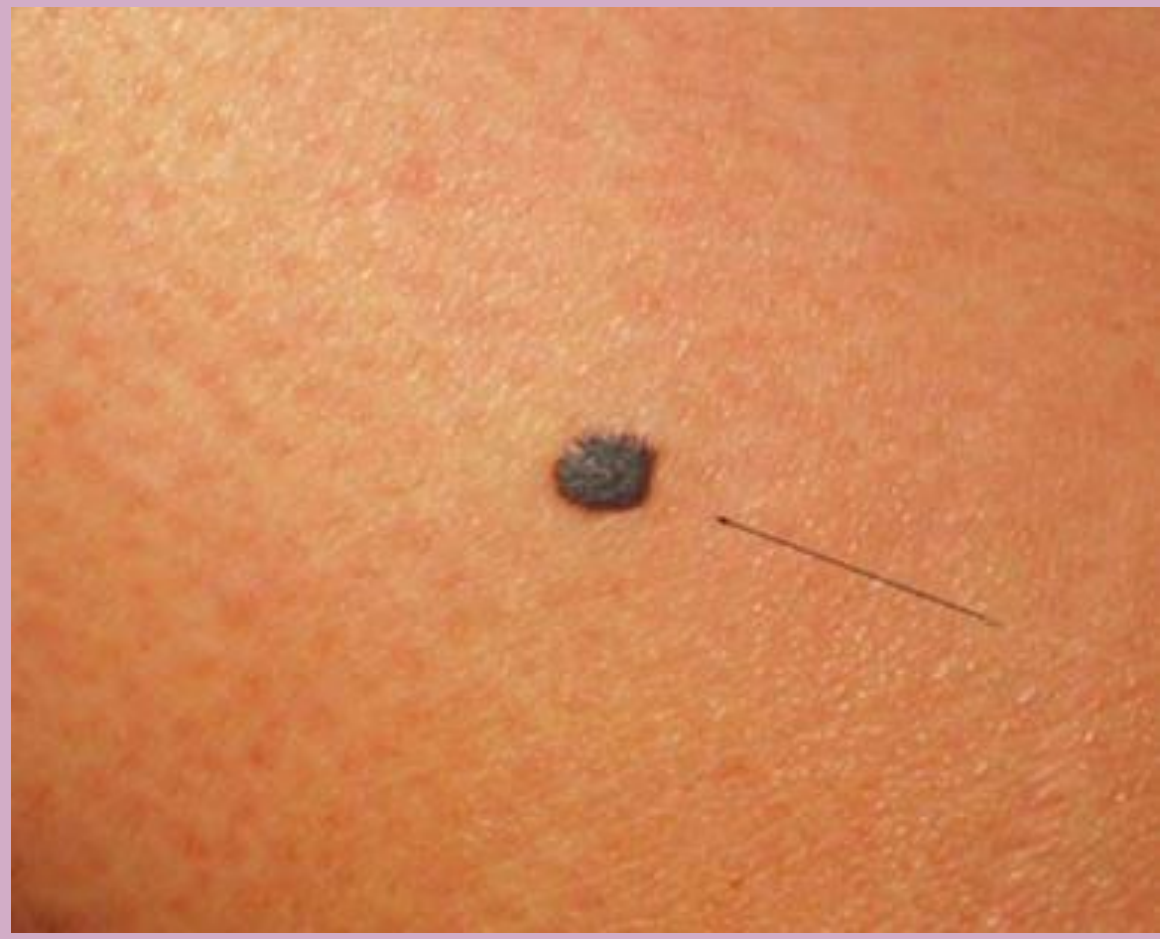
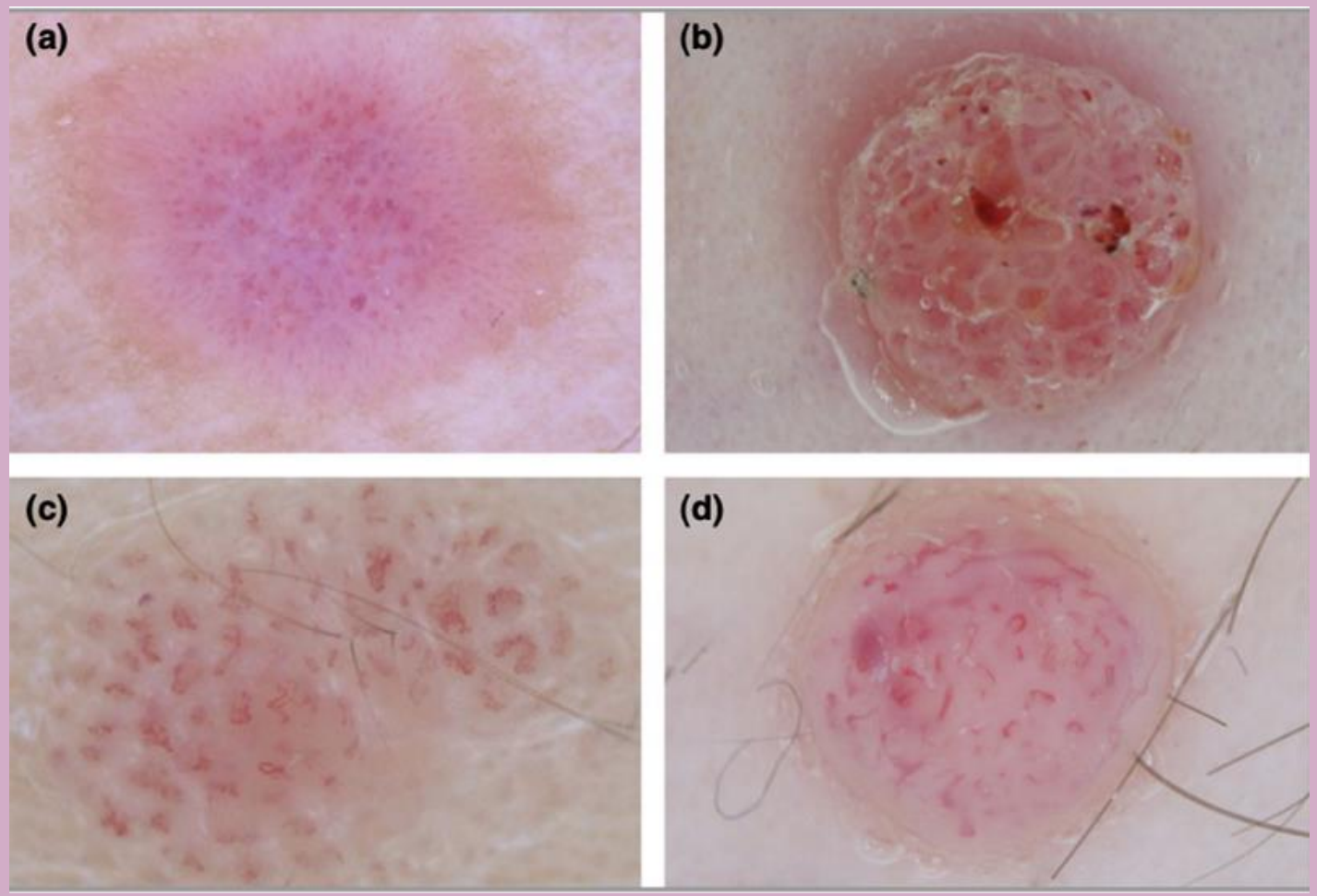


1. Yoradjian A, Enokihara MMSS, Paschoal FM. 2012;87 (3): 349-59

Padrões dermatoscópicos

NEVO DE SPITZ



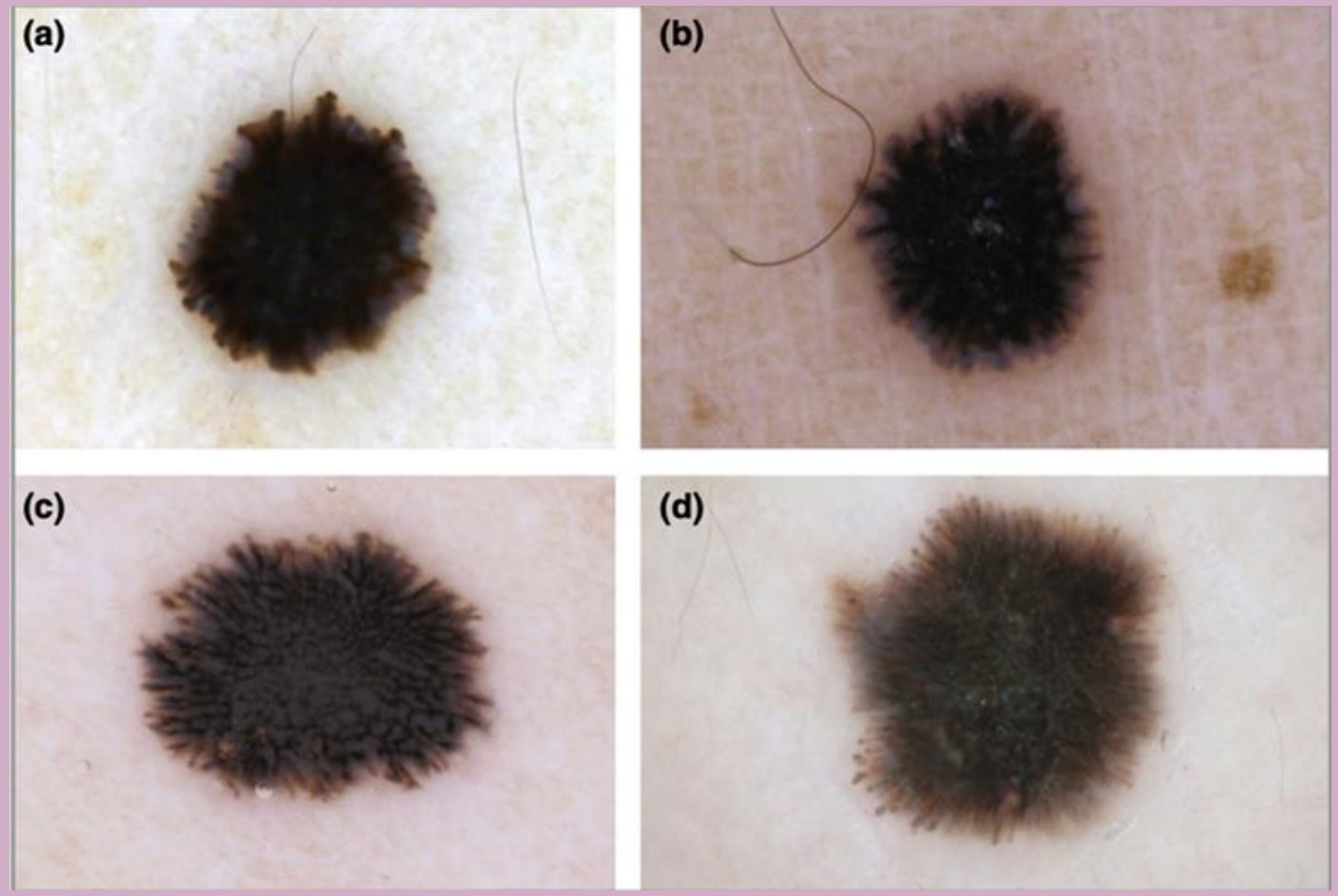
Padrão vascular com vasos distribuídos regularmente

1 Lallas A, Apalla Z, Ioannides D, et al. Br J Dermatol. 2017;177(3):645-655

Padrões dermatoscópicos

NEVO DE SPITZ PIGMENTADO

NEVO DE REED

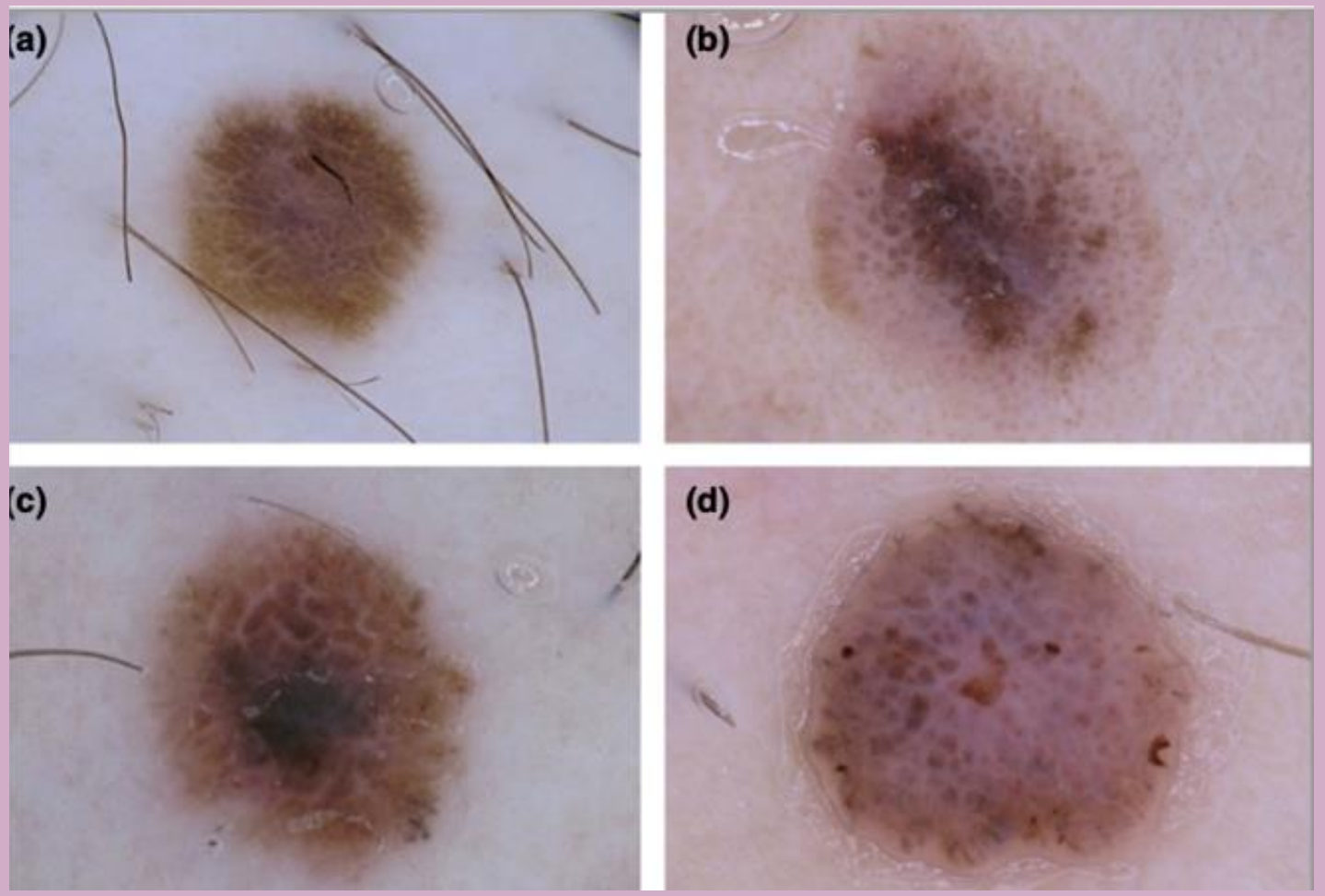


1 Lallas A, Apalla Z, Ioannides D, et al. Br J Dermatol. 2017;177(3):645-655

Padrões dermatoscópicos

NEVO DE SPITZ PIGMENTADO

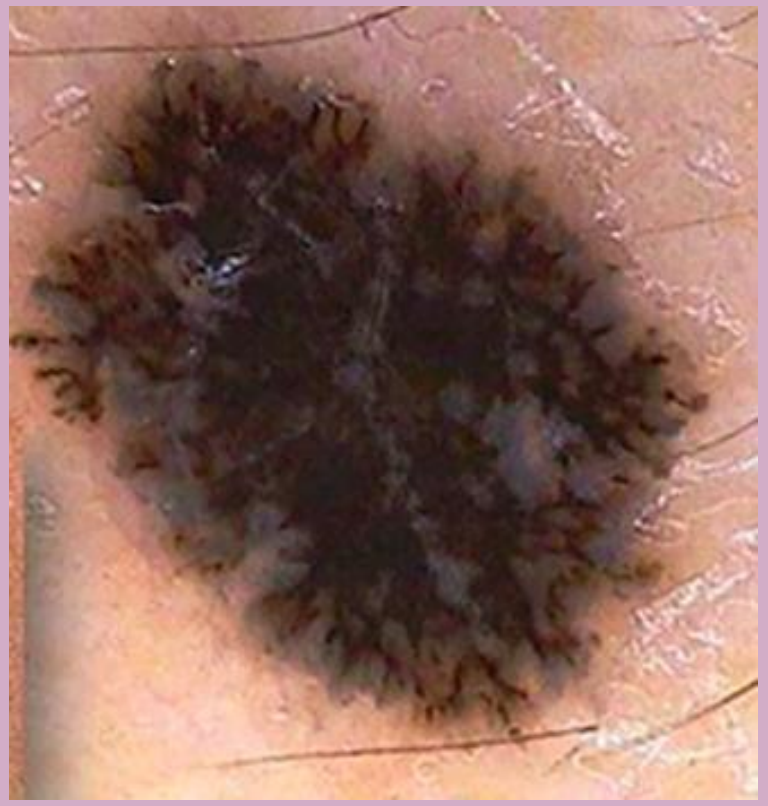
NEVO DE REED



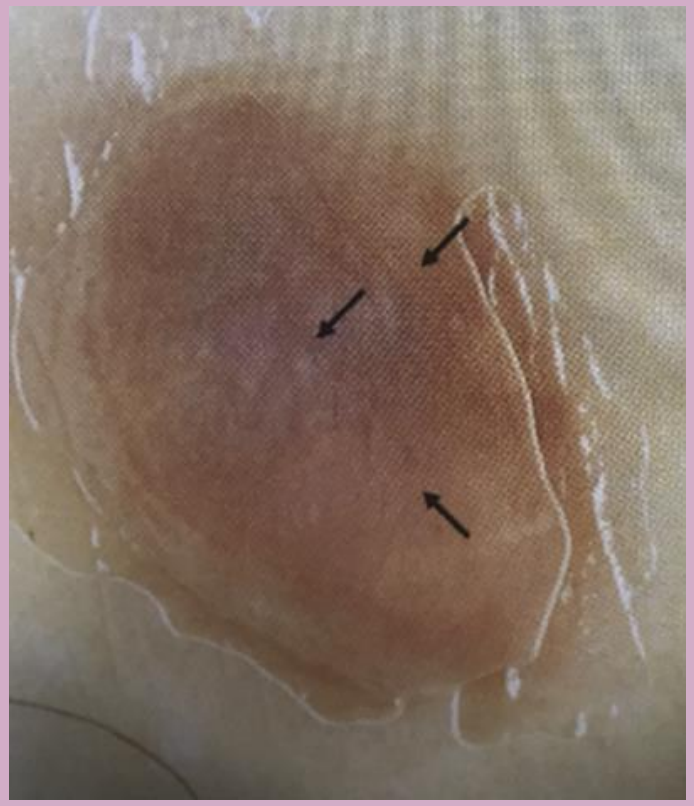
1 Lallas A, Apalla Z, Ioannides D, et al. Br J Dermatol. 2017;177(3):645-655

Padrões dermatoscópicos

Padrão Reticular



Padrão Homogêneo



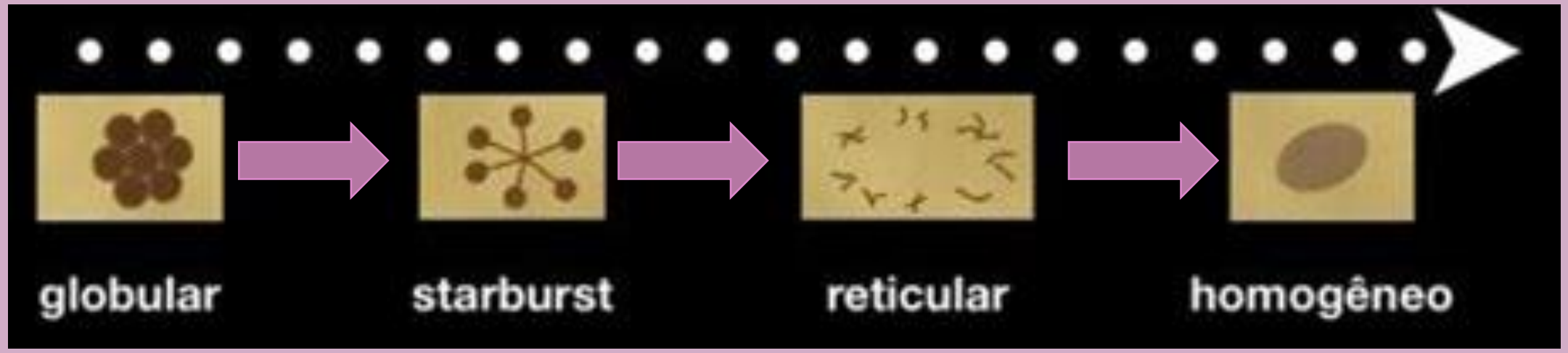
Padrão Atípico

combinação de diferentes estruturas

1 Lallas A, Apalla Z, Ioannides D, et al. Br J Dermatol. 2017;177(3):645-655

2. Pedrosa, AF, Lopes, JM, Azevedo, et al. Dermatol Pract Concept 2015;6(2):7

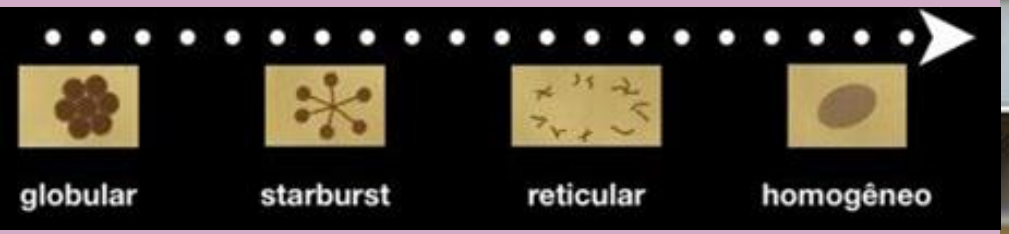
3. Stolz, W *et al*. Atlas Colorido de Dermatoscopia. Rio de Janeiro Di Livros, 2002

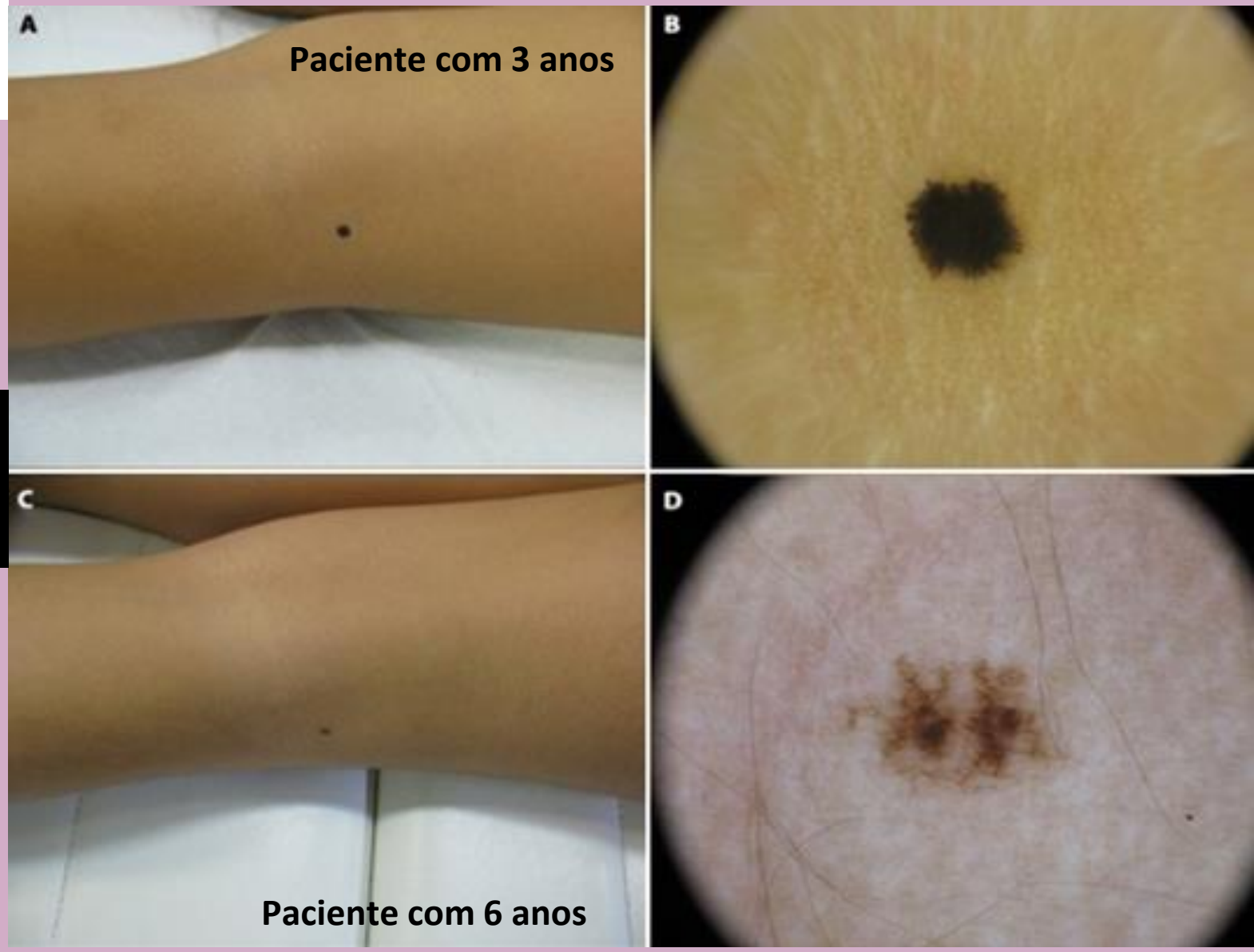


1. Stolz, W *et al.* Atlas Colorido de Dermatoscopia. Rio de Janeiro Di Livros, 2002.

Stardust Pattern as Evolution of Pigmented Spitz Nevi During Childhood

Bruno Brunetti,[1] Giulia Briatico[2], Camila Scharf[2], Horacio Cabo[3], Massimiliano Scalvenzi[4], Filomena Barbato[5], Francesco Savoia[6], Luc Thomas[7-8-9], Giuseppe Argenziano[2], Gabriella Brancaccio[2]





1. Brunetti B, Briatico G, Scharf C, et al. 2023 Jan 1;13(1):e2023041.

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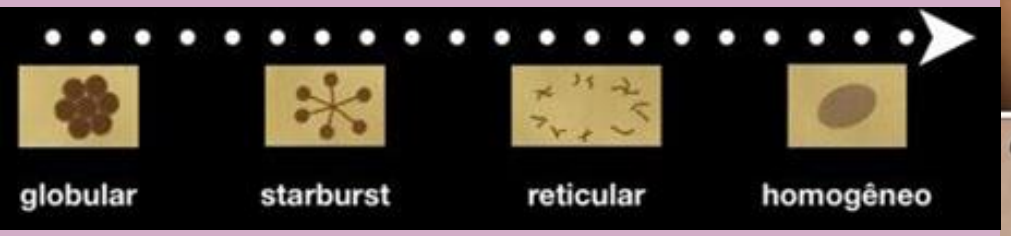

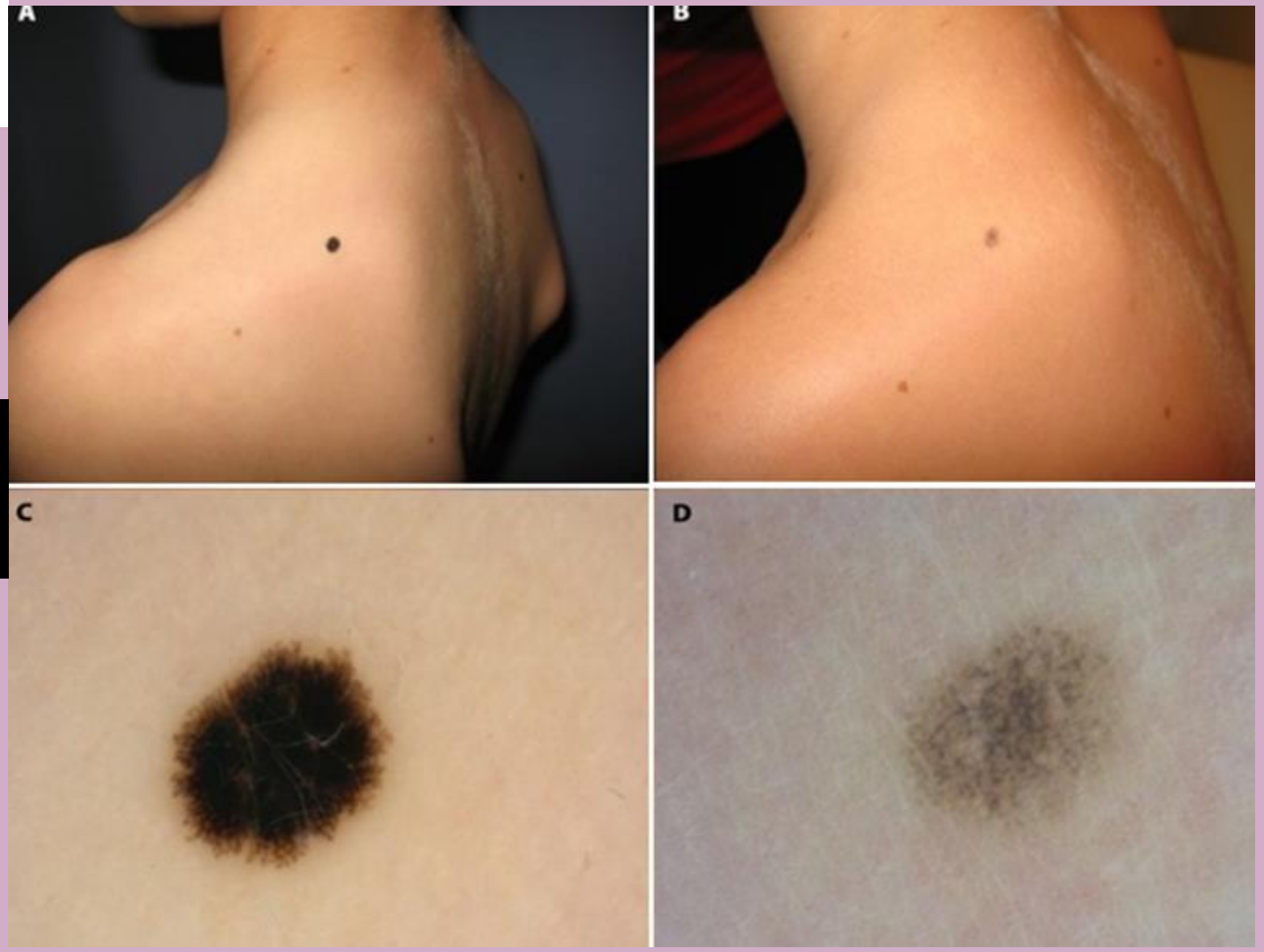

Paciente com 10 anos

Paciente com 20 anos

1. Brunetti B, Briatico G, Scharf C, et al. 2023 Jan 1;13(1):e2023041.

Likelihood of finding melanoma when removing a Spitzoid-looking lesion in patients aged 12 years or older

Aimilios Lallas, PhD,[a] Elvira Moscarella, MD,[a] Caterina Longo, PhD,[a] Athanassios Kyrgidis, PhD,[a] Yuka de Mestier, MD,[b] Gabrielle Vale, MD,[c] Stefania Guida, MD,[d] Giovanni Pellacani, PhD,[d] and Giuseppe Argenziano, PhD[a]

Reggio Emilia and Modena, Italy; Tokyo, Japan; and Rio de Janeiro, Brazil

CAPSULE SUMMARY

- Dermoscopy improves the recognition of melanoma and Spitz nevus but occasionally melanoma may exhibit a symmetric pattern mimicking Spitz nevus.
- The likelihood of finding melanoma when excising a symmetric Spitzoid-looking tumor in patients aged 12 years or older is 13.3%. The probability increases to 50% or higher after the age of 50 years.

Table I. Clinical and dermoscopic characteristics: cross-tabulation by histologic diagnosis from 384 patients with excised Spitzoid-looking lesions

	Nevus (n = 333) N, (%)	Melanoma (n = 51) N, (%)	*P* value
Age, y (mean ± SD)	32.87 ± 10.91	44.78 ± 15.36	<.001*
Anatomic site			
Head/neck	9 (2.7%)	2 (3.9%)	.829†
Thorax	21 (6.3%)	2 (3.9%)	
Abdomen	21 (6.3%)	3 (5.9%)	
Back	63 (18.9%)	7 (13.7%)	
Upper extremities	54 (16.2%)	10 (19.6%)	
Lower extremities	143 (42.9%)	23 (45.1%)	
Acral	13 (3.9%)	1 (2.0%)	
Buttock	9 (2.7%)	3 (5.9%)	
Clinical characteristics			
Nodular tumor	19 (5.7%)	9 (17.6%)	.006†
Dermoscopic characteristics			
Presence of pigment	287 (86.2%)	44 (86.3%)	.986†
Pattern			
Starburst	204 (61.3%)	36 (70.6%)	.430†
Globular	82 (24.6%)	10 (19.6%)	
Dotted vessels	47 (14.1%)	5 (9.8%)	
Inverse network	52 (15.6%)	7 (13.7%)	.727†

*Mann-Whitney U.
†Pearson χ^2.

1. Lallas A, Moscarella E, Longo C, et al. J Am Acad Dermatol. 2015;72 (1):47-53.

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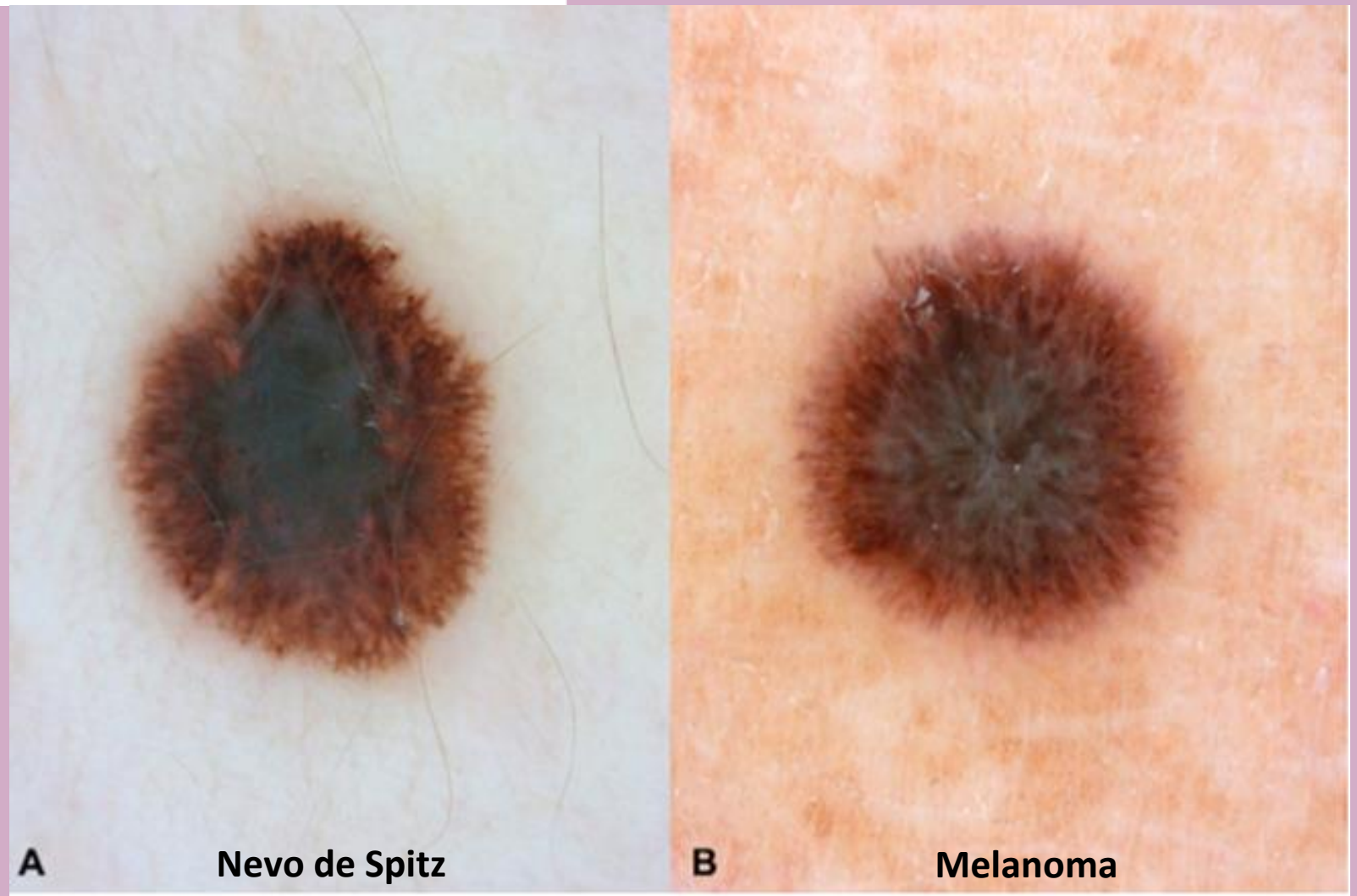

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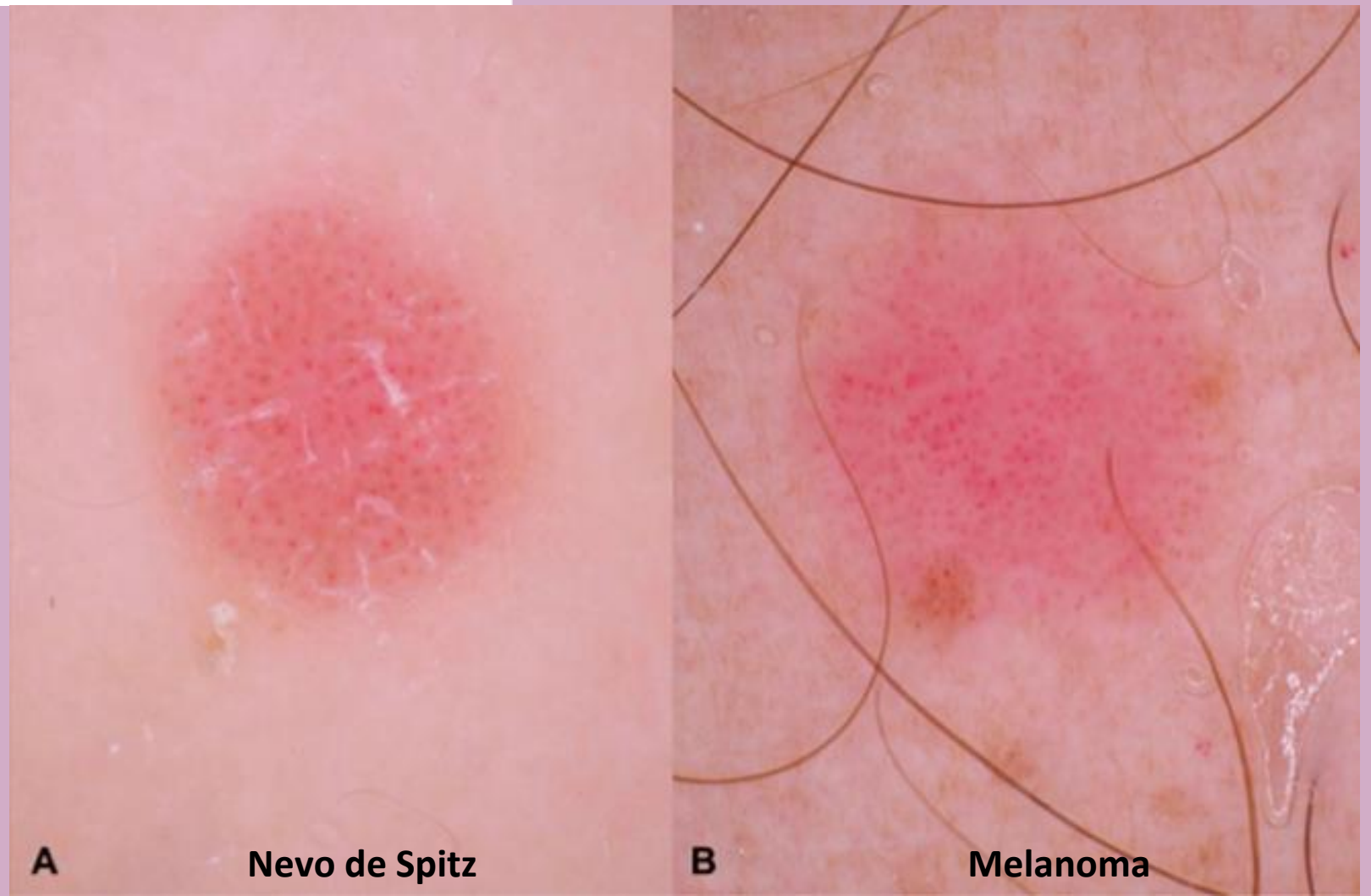

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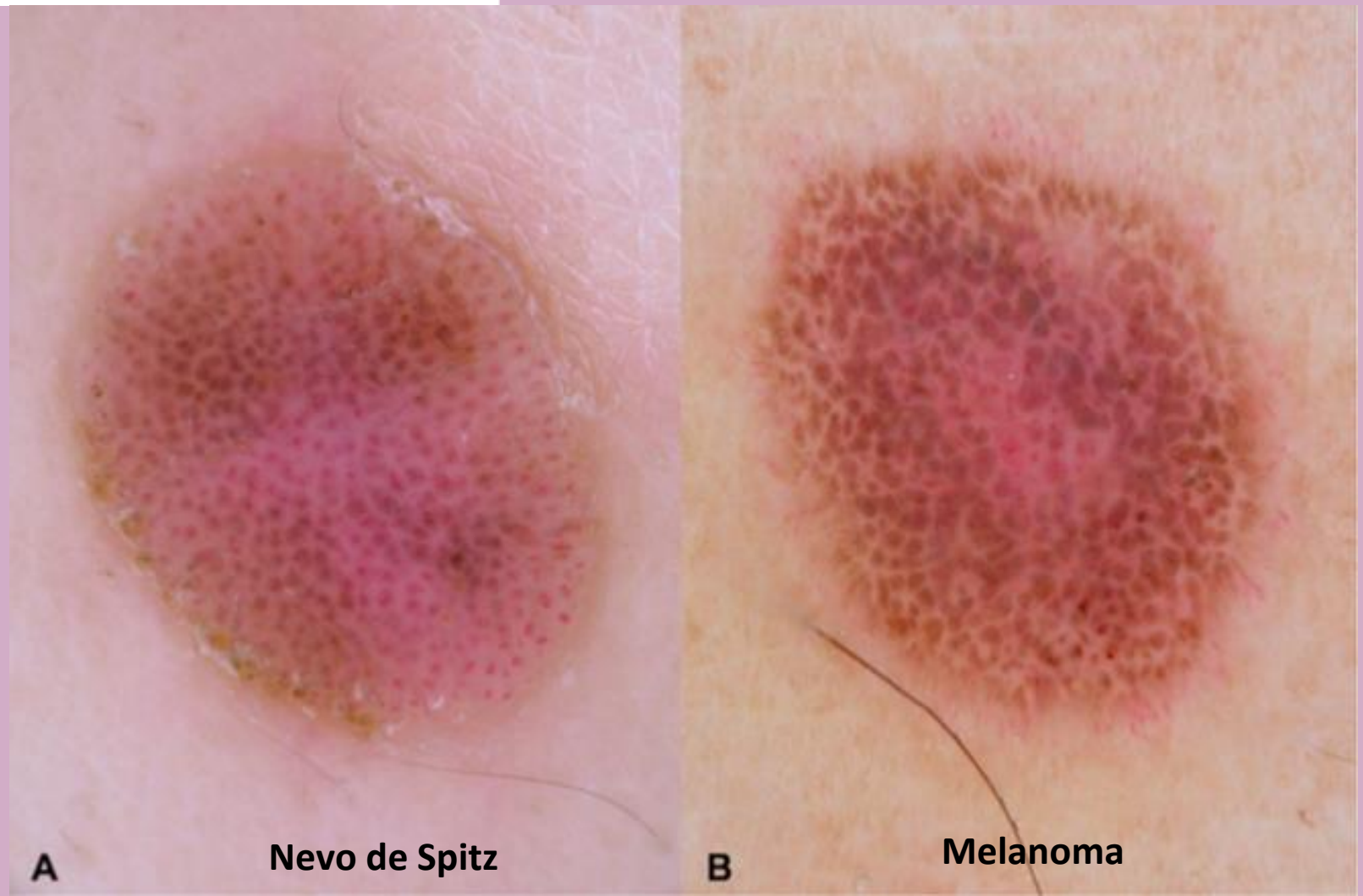


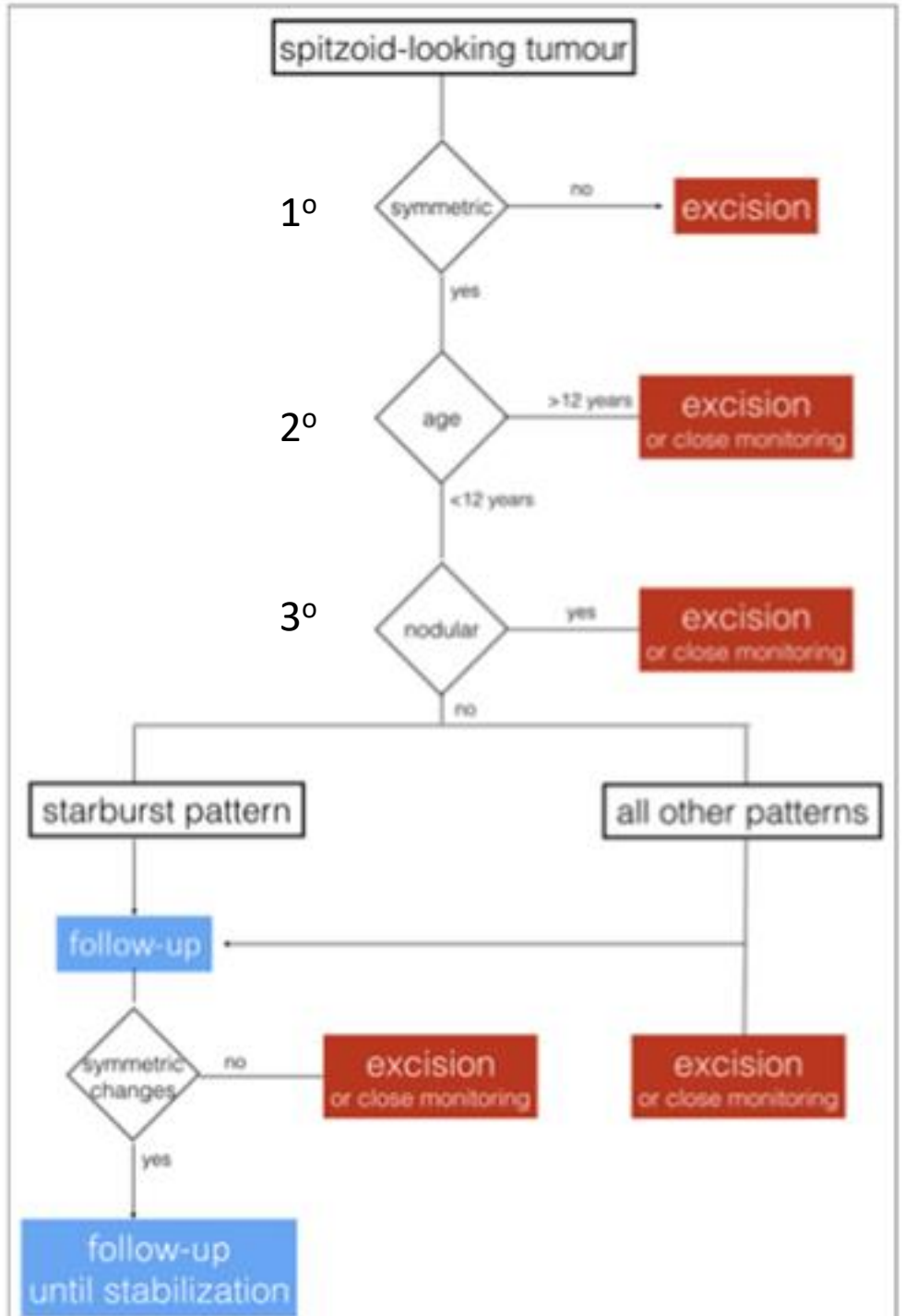
1. Lallas A, Moscarella E, Longo C, et al. J Am Acad Dermatol. 2015;72 (1):47-53.

REVIEW ARTICLE

BJD
British Journal of Dermatology

Update on dermoscopy of Spitz/Reed naevi and management guidelines by the International Dermoscopy Society

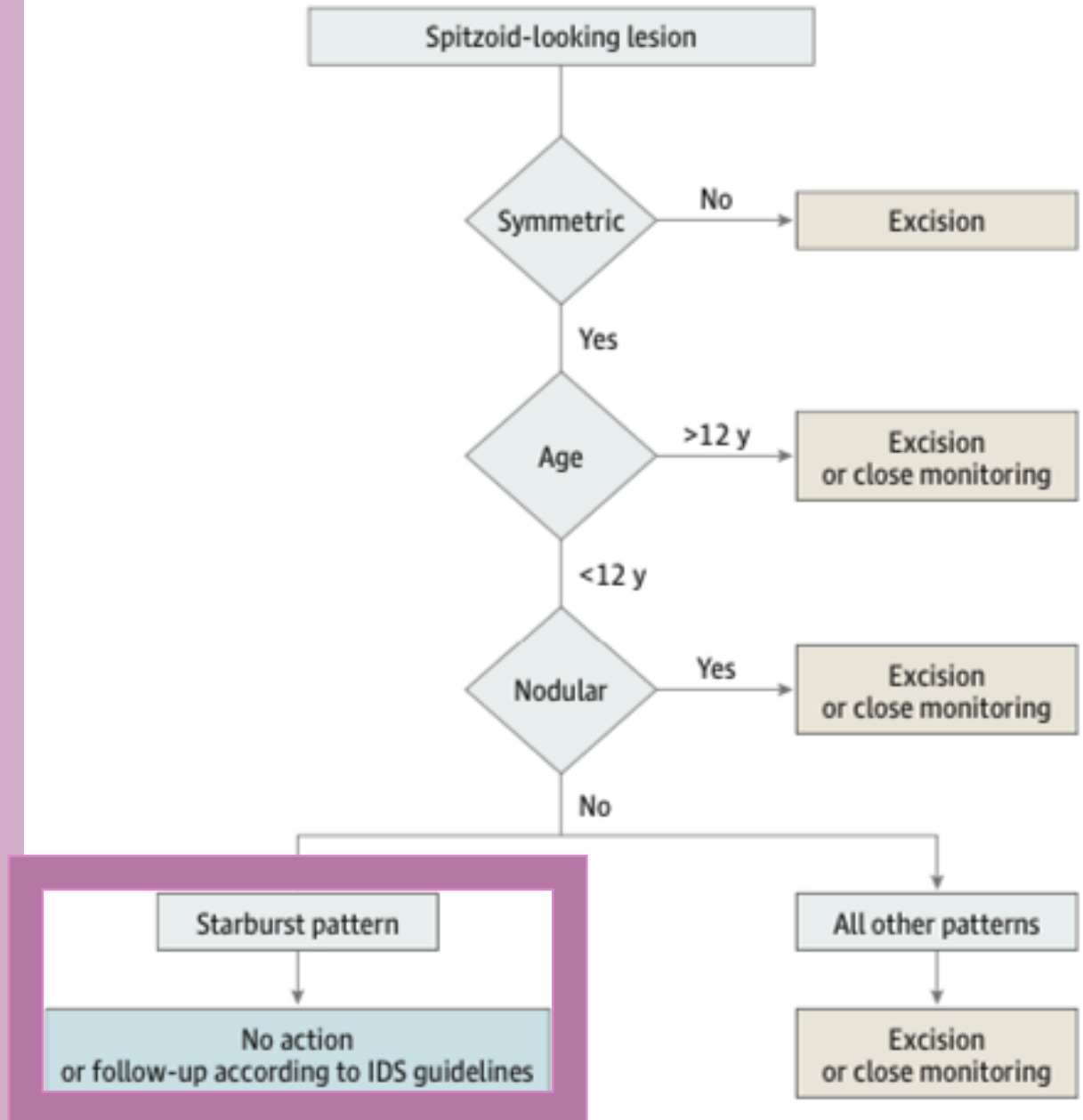
A. Lallas,[1] Z. Apalla,[1] D. Ioannides,[1] E. Lazaridou,[1] A. Kyrgidis,[2] P. Broganelli,[3] R. Alfano,[4] I. Zalaudek[5] and G. Argenziano[6] on behalf of the International Dermoscopy Society



1. Lallas A, Apalla Z, Ioannides D, et al. Br J Dermatol. 2017;177(3):645-655

- Não há descrição de casos de Melanoma com padrão explosão de estrelas em pré-púberes;
- Uma proporção significativa dos nevos de Spitz e Reed não segue um padrão de crescimento idealmente simétrico.
- Nesse estudo, 21,2% tornaram-se assimétricos, com realização de exérese, supostamente desnecessárias.

Figure 2. Modified Version of the Guidelines for Management of Spitzoid-Looking Lesions



1. Lallas A, Apalla Z, Papageorgiou C, et al. JAMA Dermatol. 2018 Nov 1;154(11):1353-1354.

Motivos da Apresentação

- Demonstrar os critérios de correlação clínica, dermatoscópica e histológica do Nevo de Reed na infância;
- Destacar as estratégias de manejo das lesões spitzoides;
- Ressaltar que o Melanoma é um diagnóstico diferencial raro, mas que deve sempre ser lembrado.

Referências Bibliográficas

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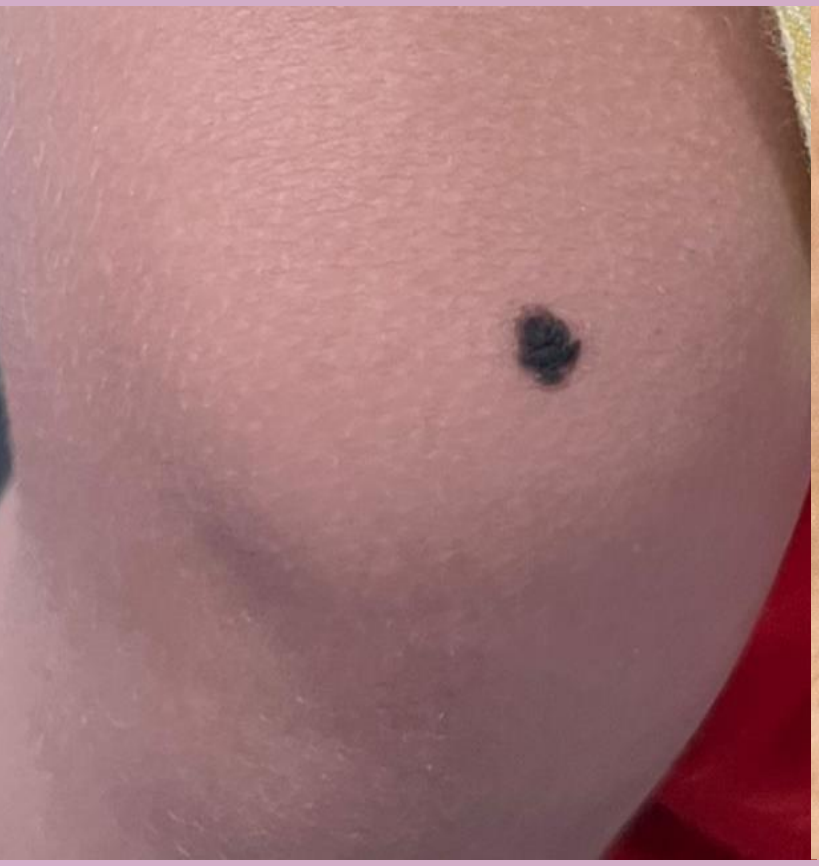
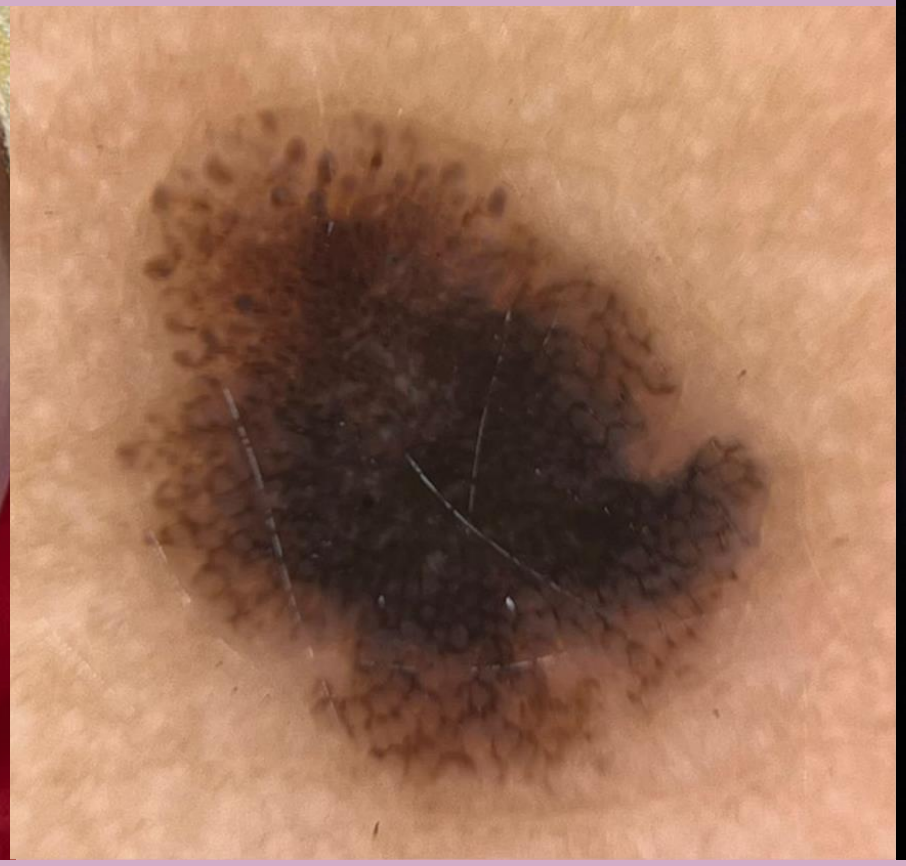
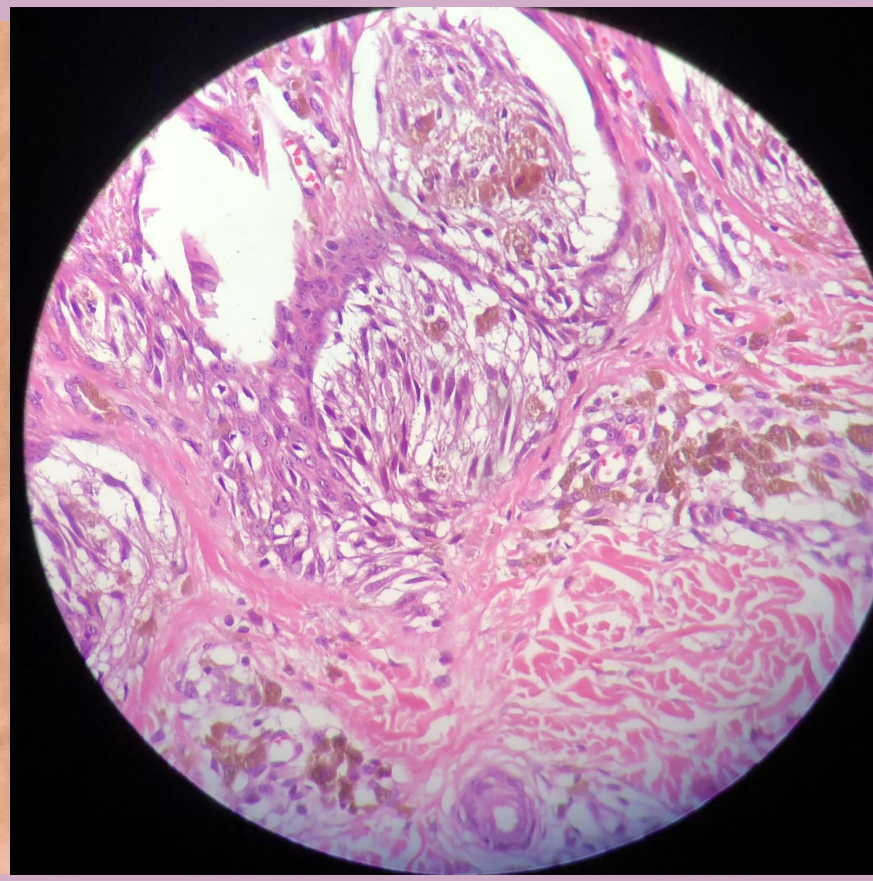

Obrigada!

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