

# A regressing spindle cell tumour of Reed

Simon Tso,<sup>1</sup> William Hunt,<sup>1</sup> Joanna E Gach<sup>1,2</sup>

<sup>1</sup>Department of Dermatology, University Hospitals Coventry and Warwickshire NHS Trust, Coventry, UK

<sup>2</sup>Department of Dermatology, Birmingham Women's and Children's NHS Foundation Trust, Birmingham, UK

## Correspondence to

Dr Simon Tso,  
simontso@doctors.org.uk

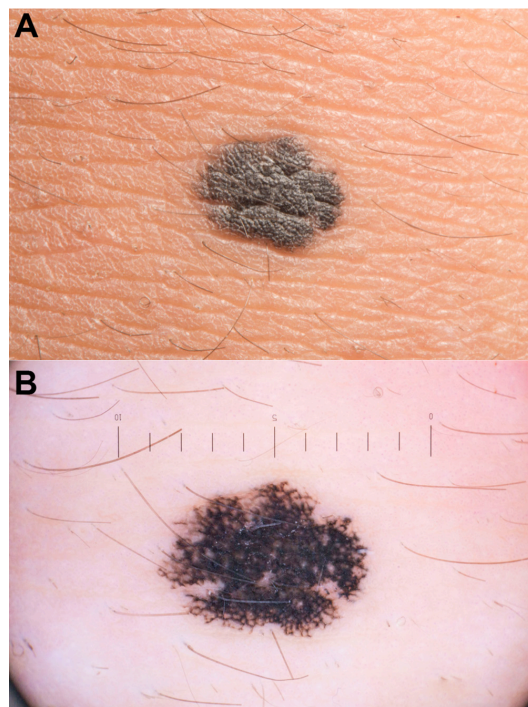
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## DESCRIPTION

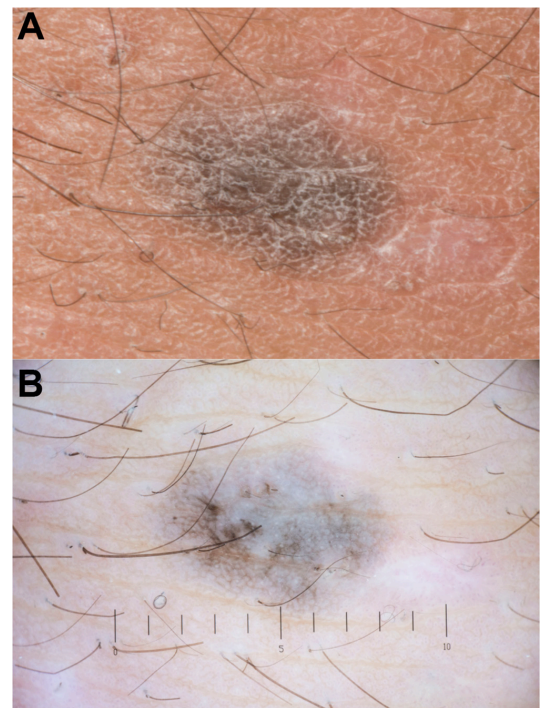
Spindle cell tumour of Reed is a benign melanocytic naevus which usually presents as a deeply pigmented mole. It is more commonly found on the lower extremities of young girls. It is an uncommon naevus but its incidence and prevalence are not known. A Reed naevus typically goes through a rapid initial growth phase before stabilising in size and then regresses over time.<sup>1</sup> Awareness of Reed naevus has been demonstrated to be low, even among dermatology doctors.<sup>2</sup>

The main dermoscopic patterns (when observed under magnification using a dermatoscope) observed are the starburst pattern (50.6% of cases), pattern of dotted vessels (19.3%), globular pattern (17%) and atypical pattern (9.0%).<sup>3</sup>

Figure 1A illustrates a 7 mmx5 mm symmetrical deeply pigmented plaque on the right knee of a 5-year-old girl. Figure 1B shows the dermoscopic symmetrical starburst pattern with regular pigment network. The size and the extent of pigmentation of the Reed naevus regressed over a 2-year observation period and almost disappeared as shown in the photograph (figure 2A,B).



**Figure 1** (A) A 7 mm x 5 mm deeply pigmented spindle cell tumour of Reed on the right knee. (B) A deeply pigmented plaque with a starburst pattern.



**Figure 2** (A) A regressing Reed naevus. (B) A pale plaque. Without observing the natural evolution of the Reed naevus, the white and blue veil sign in (B) alone could be misinterpreted as melanoma.

International guidelines recommend that a flat Reed naevus with symmetrical morphology may be observed until its growth is stabilised or the naevus completely disappeared.<sup>3</sup> However, an excision biopsy should be considered if a skin lesion resembling a Reed naevus occurs in adulthood or if there is any concern about the lesion, such as having asymmetrical morphology

## Patient's perspective

Our initial thoughts were to have the skin lump removed from a parent's perspective as it was causing my daughter unnecessary stress and my concern was, she became conscious of it, that was unbalancing her in a negative emotional way. On our first visit we had a specialist team look and examine her which was fantastically reassuring as a parent. Because of the attention and care we received, we chose to withhold any excision and review and monitor it. Over the course of the last 12 months, we saw a real submission of the skin lump and were very relieved we did not take the option at surgery.



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## Learning points

- ▶ The diagnosis of a Reed naevus should only be made by dermatologists experienced in skin oncology, and we recommend that primary care physicians and non-dermatologists should always refer suspicious or evolving moles to dermatologists for assessment.
- ▶ Clinical diagnosis and expectant management has its place for the management of a benign Reed naevus in limited circumstances (ie, morphologically symmetrical and macular lesions in small children) and our management is in line with international consensus guidelines and parental preference of monitoring the lesion.
- ▶ The editorial reviewer of our case report recommended that for purposes of published cases a skin biopsy is very important to support the diagnosis and rule out atypia, features of uncertain malignant potential or melanoma. In absence of skin biopsy, the reviewer suggests a much longer clinical follow-up to ensure the stability of the lesion and health of the child.

or growth, or is nodular in nature, in order to rule out atypical Spitzoid tumour or Spitzoid melanoma.<sup>3</sup>

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