Letter to the Editor

Dear *Cutis*®:

We read the Sulit et al[1] article, "Classic and Atypical Spitz Nevi: Review of the Literature" (*Cutis*. 2007;79:141-146), with great interest. The authors mention comparative genomic hybridization as a promising technique to diagnose Spitz nevi. Recent advances using arrays of genomic bacterial chromosome clones have led to improved resolution and sensitivity compared to conventional metaphase analysis.[2] Spitz nevi have been found to have isolated gains in chromosome 11p and 7p21qter or no chromosomal aberrations whereas primary cutaneous melanomas often have deletions of chromosomes 9p, 10q, 6q, and 8p, as well as gains of chromosomes 7, 8, 6p, 1q, 17, and 20.[2-4] Comparative genomic hybridization is commercially available through the University of California, San Francisco, and has been useful to us in situations where routine light microscopic findings are ambiguous. We would like to make the readers of *Cutis* aware of the availability of this test; it may provide valuable additional diagnostic information.

Sincerely,
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The authors report no conflict of interest.

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Authors Response

We appreciate the additional insight of Drs. T.N. Helm and K.F. Helm on this useful diagnostic tool to help differentiate Spitz nevi from melanoma. As most dermatologists and dermatopathologists know, differentiating Spitz nevi from melanoma sometimes can be difficult with the current clinical and histologic guidelines, which was nicely demonstrated in a retrospective study of 30 melanocytic lesions independently evaluated by dermatopathologists.[1] Evaluation of 17 spitzoid lesions yielded no clear diagnostic consensus and a few fatal lesions were identified by most dermatopathologists as typical or atypical Spitz nevi. In this study, the diagnosis variability among experts showed that the final diagnosis can be subjective.[1] Therefore, it is obvious that more objective diagnostic tests such as immunohistochemistry, gene analysis, and other tests will be useful in further differentiating Spitz nevi from melanoma. The management of Spitz nevi, atypical Spitz nevi, and melanoma will improve as more tests become available and demonstrate their reliability. The end result will benefit our patients.

Sincerely,
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The authors report no conflict of interest. The views, opinions, and assertions contained in this work are those of the authors and are not to be construed as official or as reflecting the views of the US Navy, US Army, or US Department of Defense.

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