



Comprehensive Management of Pediatric Nevi: Diagnostic Advances, Surveillance Strategies, and Psychosocial Considerations

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INTRODUCTION

Nevi, commonly known as moles, are a frequent subject of concern in pediatric dermatology due to their potential to develop into melanoma and their prevalence among children. These benign proliferations of melanocytes present in various forms, including Congenital Melanocytic Nevi (CMN) and Acquired Melanocytic Nevi (AMN), each with distinct clinical implications. The management and surveillance of nevi in pediatric patients require a nuanced understanding of their natural history, potential risks, and the latest advancements in diagnostic techniques and treatment strategies. Congenital melanocytic nevi, present at birth or appearing shortly thereafter, vary in size from small to giant. Giant Congenital Melanocytic Nevi (GCMN). These lesions also carry a risk for neurocutaneous melanosis, a condition characterized by melanocytic proliferation within the central nervous system, which can be life-threatening. Regular monitoring and, in some cases, prophylactic surgical removal are recommended for GCMN, although the timing and extent of surgical interventions remain subjects of debate.

DESCRIPTION

Acquired melanocytic nevi typically begin to appear in early childhood, increasing in number and size during adolescence before gradually regressing in adulthood. While the vast majority of AMN are benign, the potential for dysplastic nevi to serve as precursors to melanoma warrants careful observation, assists clinicians in distinguishing between benign and suspicious lesions. However, pediatric nevi often present unique challenges, as their clinical and dermoscopic features can differ significantly from those seen in adults. Recent advancements in digital monitoring and Artificial Intelligence (AI) have revolutionized the field of nevus surveillance. Automated systems and machine learning algorithms now aid in the analysis of dermoscopic images, enhancing diagnostic precision and facilitating the early detection of malignant transformation. These technologies, while not

replacing clinical judgment, provide valuable adjunctive tools that augment the capabilities of dermatologists, particularly in the context of large-scale screening programs. In addition to clinical and technological advancements, the psychosocial impact of nevi on children and their families is an essential consideration. Visible nevi, particularly large or facial lesions, can lead to significant psychological distress and social stigmatization. Comprehensive care models that incorporate psychological support, patient education, and family counseling are crucial in addressing these aspects, promoting a holistic approach to management. Educating families about the benign nature of most nevi, the signs of malignant transformation, and the importance of regular skin checks empowers them to participate actively in the care process, alleviating anxiety and improving adherence to follow-up recommendations.

CONCLUSION

The management of nevi in pediatric dermatology encompasses a broad spectrum of considerations, from accurate diagnosis and vigilant surveillance to addressing the psychosocial impact and implementing preventive strategies. Advances in dermoscopy, digital monitoring, AI, and genetic research have significantly enhanced our ability to monitor and manage nevi, providing new avenues for early detection and intervention. A multidisciplinary approach that integrates clinical expertise, technological innovations, and compassionate care is paramount in ensuring optimal outcomes for pediatric patients with nevi, safeguarding their health while addressing their emotional and social well-being.

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CONFLICT OF INTEREST

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