

DERMATOLOGY & ADVANCED SKIN CARE

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DYSPLASTIC NEVI (ATYPICAL MOLES) AND RISK OF MELANOMA

NORMAL MOLES are common, small, benign brown spots or growths on the skin that begin appearing in the first few decades of life, often caused by sun exposure. Flat or elevated, they generally display the following characteristics:

SHAPE: symmetrical, round or oval

BORDER: regular, sharp and well-defined

COLOR: uniform; usually tan, brown, or skin-colored

DIAMETER: usually 6 mm (1/4 inch) or smaller

LOCATION: often on sun-exposed areas of the face, trunk, arms, and legs

ONSET: most often during early childhood through ages 35–40

UNIFORMITY: normal moles resemble one another



Normal mole—
symmetry,
even border, small,
one shade of brown.

MELANOMA, the deadliest form of skin cancer, usually appears as an asymmetrical, irregularly bordered, multicolored or tan/brown spot or lesion that grows over time. In rare instances, it may be clear.

People with **10 or more** atypical moles have **12x greater risk** of developing **melanoma**

Almost **9,500** melanoma deaths now occur in the US per year

DYSPLASTIC NEVI (atypical moles) are noncancerous moles that can look like melanomas. They usually have the following characteristics:

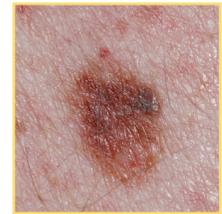
SHAPE: asymmetrical: A line drawn through the middle would not create matching halves.

BORDER: irregular and/or hazy—the mole fades into the surrounding skin.

COLOR: variation and irregularity with shades of tan, brown, dark brown, red, blue, or black.

DIAMETER: generally larger than 6 mm (1/4 inch), the size of a pencil eraser, but may be smaller.

Atypical melanocytic nevus (Clark Nevus)—
asymmetry, border irregularity, color variation,
diameter > 6 mm.



LOCATION: most commonly on the back, chest, abdomen and extremities; may also occur on areas such as the buttocks, groin, breasts, or scalp.



Dysplastic nevus on lower back.



Close-up demonstrates asymmetry, color variation, and border irregularity.

GROWTH: Enlargement of a previously stable mole or appearance of a new mole after ages 35–40 should raise suspicion.

SURFACE: Central portion often is raised, whereas the outer areas are usually flat, sometimes with tiny “pebbly” elevations.

APPEARANCE: greatly varied.

Dysplastic nevus (above ear)—asymmetry,
ill-defined border, color variation, size 3/4 inch.



DYSPLASTIC NEVI (ATYPICAL MOLES)

For more images and further information on skin cancer prevention, detection, and treatment, please visit SkinCancer.org.

NUMBER: From a few to well over 100 dysplastic nevi

Having numerous moles and/or any atypical moles is an important risk factor for melanoma. Don't wait for more serious warning signs of melanoma, such as:

- ITCHING
- BLEEDING
- OOZING
- PAIN
- CRUSTING
- ULCERATION
- ELEVATION
- SWELLING
- BLUISH-BLACK COLOR

If any of these warning signs appear on your skin, consult a dermatologist or other physician with experience in skin disorders. Any new mole or pigmented spot—or any change in an existing mole or spot—may be the first sign of skin cancer.

People with dysplastic nevi are at increased risk of developing one or more melanomas. The higher the number of these moles, the higher the risk. Those with dysplastic nevi plus two or more close relatives with melanoma have an especially high risk of developing the disease.

"CLASSIC" ATYPICAL MOLE SYNDROME

People with "classic" atypical mole *syndrome* are at exceptionally high risk of developing melanoma. They have the following three characteristics:

- 100 or more moles
- One or more moles 8 mm (1/3 inch) or larger in diameter
- One or more atypical moles.

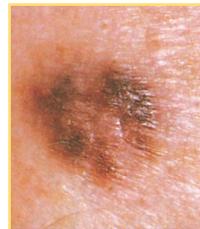
At even higher risk are those with **familial atypical multiple mole melanoma syndrome (FAMMM)**. They have atypical mole syndrome plus one or more first- or second-degree relatives with melanoma. Atypical moles can appear at any age in people with FAMMM.

IF ATYPICAL MOLES BECOME MELANOMA

People with any of the aforementioned risk factors or syndromes tend to develop the cancer earlier than other melanoma patients. If allowed to spread, melanoma can be life-threatening.

Fortunately, it can be one of the easiest cancers to find, and one of the easiest to cure if found early. However, it sometimes is difficult to distinguish between dysplastic nevi and early melanomas. (Sometimes, melanomas begin **within** a dysplastic nevus.) To establish the difference, a doctor will remove the entire growth or a portion of it for lab examination. Many physicians recommend examining the mole with a **dermoscope**, which magnifies and allows visualization of internal structures and colors.

Melanoma in a dysplastic nevus—
asymmetry, border irregularity,
color variation, 1/3 inch.



HOW TO PROTECT YOURSELF

If you are at high risk of melanoma, be aware of all your moles. Instructions on how to conduct a skin self-exam can be found on our website, SkinCancer.org. If you note any melanoma warning signs, seek prompt medical attention.

In addition, have a head-to-toe skin examination by a physician at least annually — more often if any moles are changing. Advise family members to do the same. If moles show significant change or signs of melanoma, or if new moles appear after age 40, your physician may consider removing them.

If a diagnosis of dysplastic nevus is confirmed, give your doctor your complete family history of unusual moles, melanomas, or other cancers. Ask about having a set of full-body photographs taken, since changes can be more easily spotted in this way over time. Also inquire whether an eye examination is advisable, since melanomas may arise in the eyes.

With regular self-examination and professional examination, you greatly reduce your chances of developing a life-threatening melanoma.

While skin cancers are almost always curable when treated early, it is best to prevent them in the first place. About **86 percent** of melanomas and **90 percent** of non-melanoma skin cancers can be attributed to ultraviolet (UV) radiation from the sun. So, make sun safety part of your daily health care routine.

When outdoors, seek the shade, especially between 10 AM and 4PM; wear sun-protective clothing, including a wide-brimmed hat and UV-blocking sunglasses; and use a high-SPF, broad-spectrum sunscreen. Never use tanning beds.



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For more information: SkinCancer.org

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