



SKIN & BEAUTY CENTER  
Cosmetic, Medical and Surgical Dermatology

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## Atypical Moles

For years, doctors have debated the risk of developing melanoma in people with atypical moles. Melanoma is a potentially deadly form of skin cancer that is diagnosed in about 40,000 Americans each year. It is now known that about half of the people with melanoma have numerous atypical moles on their bodies. The risk is greatest in people who also have extremely fair skin and heavy freckling, a sign of excessive sun exposure.

It is estimated that one out of every 10 Americans has at least one atypical mole. These moles are larger than common moles, with borders that are irregular and poorly defined. Atypical moles also vary in color, ranging from tan to dark brown shades on a pink background. They have irregular borders that may include notches. They may fade into surrounding skin and include a flat portion level with the skin. These are some of the features that make these lesions difficult to differentiate from melanoma. When a pathologist looks at an atypical mole under the microscope, it has features that are in-between a normal mole and a melanoma.

While atypical moles are considered to be pre-cancerous (more likely to turn into melanoma than regular moles), not everyone who has atypical moles gets melanoma. In fact, most moles -- both ordinary and atypical ones -- never become cancerous. Thus, the removal of all atypical nevi is unnecessary. In fact, most of the melanomas found on people with atypical moles arise from normal skin and not an atypical mole.

Still, there is potentially great benefit in identifying persons at increased risk of melanoma. Individuals and family members with atypical moles from melanoma-prone families should be closely checked for melanoma. This has resulted in the diagnosis of a substantial number of curable melanomas.

People with a family history of melanoma have a greatly increased risk of also developing it, but anyone can develop melanoma at any time in life. Individuals with a single atypical mole on their body have a twofold risk of developing melanoma. The risk rises to 14-fold in those with 10 or more abnormal moles.

If there are a great many atypical moles and several family members have had melanoma, you need to be very careful. Still, it has not been shown that removing all the moles (often in the hundreds) decreases the lifetime risk for melanoma. Melanoma usually arises *de novo*, i.e. not in a pre-existing benign mole. Also make sure you have annual eye exams, as ocular melanoma is also a big risk in these cases. You should be followed closely by a dermatologist, and expect to have any lesion that is remotely suspicious biopsied.

Although a physician bases the initial diagnosis of atypical moles on the clinical examination, the diagnosis must be confirmed by removing several moles and examining them under a microscope. This procedure, called a biopsy, is usually performed in your doctor's office using local anesthesia. It takes about 15 minutes and several stitches are usually required, but the healing generally leaves only a small scar. A pathologist will examine the tissue under a microscope and make the precise diagnosis. Diagnosis by biopsy is not exact, and in difficult cases doctors may split 50/50 down the middle as to whether a mole is melanoma or benign. If the pathologist uses the term "severely dysplastic" or "atypical melanocytic hyperplasia" or offers a long descriptive narrative it means he really is concerned about melanoma, but does not want to call it that.

I usually recommend that all patients with these questionable moles have them removed with a margin (0.5 cm-about a quarter inch) of clinically normal skin. Reports showing "moderate dysplasia" should be completely removed, if the biopsy didn't get all of it. Those with "mild dysplasia" can be left alone or watched.



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Once the diagnosis of atypical moles is established, additional biopsies are performed only if melanoma is suspected, or if a new mole appears.

Just as women who regularly examine their own breasts are much more likely to be cured of breast cancer if it appears, self exam of your skin once a month is the best defense against melanoma. Be sure to insist on a biopsy of any mole that is changing or growing.