

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 that arise from moles. 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 1 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 2-fold risk of developing melanoma. The risk rises to 14-fold in those with 10 or more abnormal moles.

If one has many atypical moles and several family members have had melanoma, you should be examined closely by a dermatologist. 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.

Although a physician bases the initial diagnosis of atypical moles on the clinical examination, the definitive diagnosis of an atypical mole must be confirmed by examining the skin cells under a microscope through a biopsy. A biopsy is performed in your doctor's office using local anesthesia. There are 2 forms of biopsies: shave and punch biopsies. A biopsy takes about 15 minutes and depending on the biopsy, stitches may be required. Healing of a biopsy generally leaves only a small scar.

Biopsies are sent to the lab and a pathologist will examine the tissue under a microscope and make a precise diagnosis. When examining moles under the microscope, there is a spectrum of moles ranging from normal benign moles and at the very end of the spectrum is a melanoma. In between that spectrum of moles are different levels of atypical moles - mild, moderate, severe atypia.

It is usually recommended that all patients with these atypical moles have them removed with a margin (0.5 cm-about a quarter inch) of clinically normal skin, as these moles with atypia can in rare cases turn into melanoma in the future. 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. 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 moles that change aggressively in color shape or size.