

Dysplastic Nevi

What are dysplastic nevi?

Dysplastic nevi are also known as atypical moles. The diagnosis is made based on their clinical appearance and confirmed by a biopsy. Under the microscope the pathologist sees cells that are not normal in appearance but are also not cancerous. The pathologist will often grade the degree of atypia as mild, moderate, or severe with severely dysplastic nevi being closest to the earliest state of melanoma (called melanoma in situ). Melanoma is the deadliest form of skin cancer since it can be aggressive and metastasize to lymph nodes and multiple organs when it becomes deep. Early detection and complete removal to prevent lesions from becoming deep is critical since treatment of metastatic melanoma is often unsuccessful.

Who gets dysplastic nevi?

Dysplastic nevi are thought to be due to a combination of genetics and cumulative sun exposure. Although dysplastic nevi are fairly common, people who have them have a 10-12 fold higher risk for developing melanoma than the general population. Fair skin, freckles, light eyes, light hair, family history of melanoma or non-melanoma skin cancers, and tendency to burn are all risk factors for both melanoma and dysplastic nevi. Dysplastic nevi are seen in both adults and children. Fortunately, the incidence of melanoma in children is very low.

How are dysplastic nevi treated?

Since it is unknown which dysplastic nevi may be more prone to turning into melanoma, most dermatologist and pathologists recommend removing all of them completely (clear margins). If a pathologist states that the entire mole was already removed at the initial biopsy, no further treatment is needed. If dysplastic nevi recur, a complete excision is recommended.

How big an area has to be removed?

For nevi that are found to be severely dysplastic, the current recommendation is to have approximately 3-5mm of clear skin around the original mole in order to ensure that it does not recur. If there is mild to moderate atypia, only 2-3mm of clear skin around the area is required.

How do I monitor for dysplastic nevi?

We recommend performing monthly self skin examinations to look for changes in existing moles or new moles that meet the ABCD criteria (Asymmetry, Border irregularity, Color variegation, Diameter >6mm). Melanoma may be flat or raised so that is not a criteria that is predictable. Dysplastic nevi are more common on, but not limited to sun exposed areas of the body. Moles that develop symptoms such as bleeding, pain, ulceration, or itching should be examined by a dermatologist.

How urgent is it to have the dysplastic nevus removed if the margins are not clear?

Because these nevi are not considered cancerous, waiting up to 4-6 weeks to have them excised is reasonable. If the degree of atypia is severe, however, your dermatologist may recommend having it removed sooner.

What should I do to prevent melanoma or other skin cancer?

The most important thing everyone should use is sunscreen SPF ≥ 30 with both UVA & UVB protection. This should be applied 30 minutes prior to exposure and reapplied every 2 hours. Hats, sunglasses, and sun avoidance particularly during the peak hours of day (10 a.m. to 4 p.m.) are all helpful. Tanning beds are never safe and strict avoidance is the rule! People with dysplastic nevi should have a dermatologist perform a full skin exam at least annually and some may recommend one every 6 months.

** For additional information go to the official website of the American Academy of Dermatology at www.aad.org under the link "Dermatology A-Z".