Dysplastic Nevi

Dysplastic Nevi (atypical moles) are unusual benign moles that may resemble melanoma. People who have them are at increased risk of developing single or multiple melanomas. The higher the number of these moles someone has, the higher the risk; those who have ten or more have twelve times the risk of developing melanoma compared to the general population. Dysplastic nevi are found significantly more often in melanoma patients than in the general population.

Background Information on Dysplastic Nevi

Medical reports indicate that about two to eight percent of the Caucasian population have these moles. Heredity appears to play a part in their formation. Those who have multiple dysplastic nevi plus a family history of melanoma (two or more close blood relatives with the disease) have an extremely high risk of developing melanoma. Individuals who have dysplastic nevi, but no family history of melanoma, still face a seven to twenty-seven times higher risk of developing melanoma compared to the general population. This is a great enough risk to warrant monthly self-examination, regular professional skin exams and daily sun protection.

Early Indicators: It is important to be aware of the marks on your body, including moles, blemishes, freckles, etc. The American Cancer Society recommends checking your skin once a month to monitor any changes in these marks. Pay attention to any new growths, spots or bumps that are getting larger (over a few months or one to two years), or to any sores that don’t heal within three months. Dysplastic Nevus will often appear as red, blue, black or brown asymmetrical and hazy moles. They are generally larger than 1/4” (6mm), but may be smaller. Dysplastic Nevus may have several different appearances on your skin.

Risk Factors: There are several risk factors that can increase an individual’s likelihood of developing a dysplastic nevus.

- Dysplastic Nevus can be caused by chronic sun exposure.
- Individuals with fair skin and a tendency to burn are at an increased risk of developing some type of skin cancer.
- Family history of dysplastic nevi or melanoma.
- Individuals who have had skin cancer previously are at a higher risk for developing it again. These individuals should be screened more frequently.


Treatment Options
Several effective methods are available to treat dysplastic nevi. Your healthcare provider’s choice of therapy depends on the size, location, and subtype of dysplastic nevus as well as your age and general health. Most dysplastic nevi can be completely cured with the appropriate treatment. Only a physician can determine the most appropriate treatment.

Excision: An excision is a procedure for the complete removal of a lesion or abnormal area of skin. The tissue specimen is then sent to the lab for further testing.

Deep Shave (Saucerization) Biopsy: This is the surgical removal of tissue to form a shallow depression in the skin. The tissue specimen is then sent to the lab for further testing.

Punch Biopsy: This is the surgical removal of a cylindrical portion of tissue to form a deep, round depression in the skin. The tissue specimen is then sent to the lab for further testing.

Protective Measures
There are measures that you can take to reduce your risk for developing skin cancer. It is critical to limit skin exposure to the sun’s harmful rays by wearing sunglasses, broad-brimmed hats, and protective clothing. In addition, the use of a broad-spectrum sunscreen rated SPF-30 or higher and with both UVA and UVB protection on all exposed skin is recommended. Avoiding tanning salons and artificial tanning devices is important as well. Conduct self-examinations and routinely visit your dermatologist for a skin examination.

Questions to Ask Your Healthcare Provider
• What are my options for treatment?
• What treatment do you suggest?
• What are the benefits vs. risks/side effects of this type of treatment?
• What are the chances of recurrence after this type of treatment?
• How do I care for the biopsy/treatment site?

Sources for Additional Information
• American Academy of Dermatology: www.aad.org
• American Cancer Society: www.cancer.org
• National Cancer Institute: www.cancer.gov
• CancerCare: www.cancercare.org

References

The content on this handout is provided to you as general information and not intended as a diagnosis. Please consult with your physician regarding the essential details about your condition.