

Dysplastic Nevus

What's the difference between a common mole and a dysplastic nevus?

Common moles, also called nevi, are pigmented growths on the skin. Approximately 75% of white adults have common moles. Most common nevi appear after the first 12 – 24 months of life and are harmless. They are usually the size of pencil eraser or smaller, and they have smooth, distinct borders and the entire mole is the color.

A dysplastic nevus is more common in skin that is exposed to the sun, such as on the back, but can occur anywhere - the scalp or breasts for example. Some people have only 1 or 2 dysplastic nevi, but other people have more than 10. People who have dysplastic nevi usually also have an increased number of common moles.



Dysplastic nevi are usually large, with uneven coloring (pigmentation), and their borders/outlines are irregular or hard to see. Dysplastic nevi are abnormal growths but they are not malignant (cancerous).

However, people who have dysplastic nevi may have a higher risk of developing a cancer called melanoma. A doctor may suspect the diagnosis of dysplastic nevus based on how the mole looks. The diagnosis is confirmed by removing the mole and studying it under the microscope.

What is melanoma?

Melanoma is a potentially deadly cancer, which usually starts in an unusual looking mole, but may begin in normal looking skin. It is 20 times more common in people with white skin (1 in every 38 people) than people with black skin (1 in every 1,000 people). Though the average age at diagnosis is 65, it is one of the most common cancer in young adults – especially young women. Rates of melanoma are on the rise.

Factors which increase the risk for melanoma include:

- fair skin (burn easily, don't tan)
- a personal or family history of melanoma
- frequent sunburns or excessive sun exposure during childhood or adulthood
- use of tanning booths
- a mole present at birth
- the presence of 1 or more dysplastic nevi
- having a weakened immune system
- age/sex (under age 50, women have higher risk; over age 50, melanoma is more common in men)

What happens to persons with dysplastic nevi? What is the risk of melanoma?

Not all changes in dysplastic nevi are cancerous; changes may be caused by irritation or infection. Most dysplastic nevi never become melanoma. Simple awareness of dysplastic nevi increases the chance to detect the earliest changes in a mole that could mean melanoma, which can be curable if treated at an early stage. Look for a changing or unusual-looking mole or a dysplastic nevus.

If someone has 1 dysplastic nevus, they may have a slightly higher risk of developing melanoma in their lifetime. If an individual has many dysplastic nevi and a strong family history of melanoma, their risk may be very high.

When do dysplastic nevi appear?

They are usually seen by age 20. Dysplastic nevi usually begin as a higher than usual number of normally appearing moles in childhood. Over time, these nevi become more irregular in color, outline, and less pigmented, more irregular in outline, and larger. Also, in an individual with dysplastic nevi, new dysplastic nevi may continue to appear throughout life.

How are dysplastic nevi treated?

For persons with many dysplastic nevi, the doctor may remove one or more of the most suspicious moles to make a diagnosis. If there are many nevi remaining, they may be safely followed using photographs. There is no reason to remove each and every nevus. In fact, new nevi may continue to appear over time. Patients may require examinations at intervals of anywhere from 3 to 12 months, depending on how rapidly a person's nevi are changing and whether or not melanoma they or a family member has ever had melanoma. Follow-up usually consists of examining the individual for new, suspicious, or changing lesions. New moles and changing moles require immediate attention by a dermatologist. Blood relatives of persons with either melanoma or dysplastic nevi should be examined to determine their risk.

Persons with dysplastic nevi should examine their moles every month for changes in color, size, and outline as well as for new nevi. Family members and mirrors may be helpful in checking difficult-to-see sites. Even the soles of the feet and between toes should be examined. A blow dryer is useful to separate hair for examining the scalp. Moles that are difficult to follow should probably be removed in anyone who has had melanoma, or who has dysplastic nevi.

Early recognition of changing moles and early diagnosis of melanoma can be life-saving. Melanoma may be prevented or detected in a curable stage by recognizing people at high risk. If other members of your family have had melanoma or dysplastic nevi, you should see a doctor and be examined.

Please call the **Department of Dermatology** if you have further questions or concerns.

Clinic hours: 8a.m. – 5p.m., Monday through Friday

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