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ATYPICAL NEVUS / DYSPLASTIC NEVUS

NEVUS is the medical term for a mole. There are moles that are typical, there is the cancer melanoma, and there is the benign type of mole in between the two; the ATYPICAL NEVUS (also called DYSPLASTIC NEVUS). The term ATYPICAL NEVUS describes a BENIGN type of mole that appears atypical or abnormal; either to the naked eye or when looking at the lesion under the microscope. When an atypical nevus appears abnormal, it does not appear to be cancer or it would be called melanoma right away.

Features of concern can be described by the ABCDE's – which are the guidelines to help determine if a mole is normal or abnormal.

A is for **A**symmetry

B is for **B**order irregularity

C is for **C**olor variation

D is for **D**iameter greater than 6mm

E is for **E**volving; a mole that looks different from the rest or is undergoing change

Both atypical nevi and melanoma can share these ABCDE features, which is why we may recommend a biopsy of such lesions for a dermatopathology diagnosis. Dermatopathologists are doctors who are specially trained to study skin cells at a microscopic level. Atypical nevi can be divided into 3 categories – **mild, moderate** and **severe**.

<i>MOLE TYPE</i>	Typical Nevus	Mildly Atypical Nevus	Moderately Atypical Nevus	Severely Atypical Nevus	Melanoma
<i>CATEGORY</i>	<i>Benign</i>	<i>Benign</i>	<i>Benign</i>	<i>Benign</i>	<i>Malignant</i>

While the moderately or severely atypical cells in an atypical nevus are benign, they have a somewhat unpredictable future, and might go on to become cancer. However, it is UNTRUE to say that atypical moles are “pre-cancerous.” This has never been proven in a medical study. Only about 40% of melanoma (the cancer) arises in a pre-existing mole. Most melanoma arises on uninvolved skin. It is tempting, even logical, to believe that moderately or severely atypical nevi might go on to become cancer, but the honest answer is – “we don't know” – and we do not have a way to predict which ones might go on, over time, to behave as cancer. As such, most Dermatologists wish to ensure that atypical moles, particularly those with moderate or severe atypia, are completely removed. This is the philosophy of our Practice as well.

People with atypical nevi are at a higher risk for melanoma. While one cannot put an exact number on the increased risks, it appears that the more atypical nevi you have, the higher the risk. The risk is also increased for people with a family history of atypical nevi or melanoma. It is NOT advantageous to remove all of a person's moles “just in case” they might be atypical under the microscope. The risks of scarring, infection, the uncertain cancerous potential and the possibility of new moles occurring later makes this unproductive, wasteful and even dangerous.

The best protection from skin cancer continues to be sun avoidance and protection, such as sunscreen, hats, eye protection and avoidance of the mid-day sun. Everyone should examine their moles for the ABCDE changes monthly. If you go note a changing or atypical mole, please contact the office and we will accommodate you with a prompt appointment.