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Dysplastic Nevus (Abnormal Mole)

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Dysplastic Nevus

Dysplastic nevus, also referred to as atypical nevus or Clark's nevus, is an acquired mole that may appear as solitary or multiple lesions. They are significant in that someone with a dysplastic nevus is considered to have an increased lifetime risk for melanoma. Dysplastic nevi are seen in about 4 percent of the white population in the United States. Some families have large numbers of dysplastic nevi as well as histories of melanoma. These people must be observed closely because their lifetime risk for melanoma can be quite high.

About one out of every ten people has **at least** one unusual mole that looks different from an ordinary mole. It is believed that dysplastic moles are more likely to develop into a melanoma. (For more information on melanoma see Laura L. Mays PA-C article on melanoma).

For this reason, moles should be checked by a dermatology provider every 6 months to ensure that none are changing or new atypical moles are appearing. If any mole is changing, itching, bleeding, growing or is tender, you need to make an appointment immediately.

Cause

Dysplastic nevi are acquired and typically appear during puberty. The tendency to develop dysplastic nevi is familial.

Signs and Symptoms

Dysplastic nevi usually begin to appear in adolescence, most often on the back, chest, abdomen, buttocks, and scalp. They usually are larger than ordinary nevi, averaging about 1 centimeter in size. Unlike common nevi, they are colored in varying shades of tan and brown. Sometimes they display an elevated darker portion in the center, with a flat, pale, fuzzy border, giving the appearance of a "fried egg."

When removed and examined microscopically, dysplastic nevi possess certain typical characteristics. The pigment cells show varying degrees of atypia and usually are seen broadly throughout the skin.



Figure 1 - Dysplastic Nevi

Diagnosis

Dysplastic nevi often are diagnosed on the basis of their clinical appearance. Skin biopsy and evaluation are the best tools for assessing whether the mole is benign or malignant.

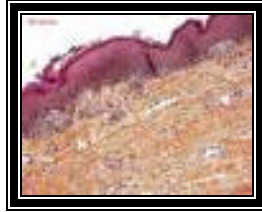


Figure 2 - Tissue Biopsy

Treatment

People with dysplastic nevi should be routinely evaluated by their provider at least twice a year. Family history is important, because relatives of persons with dysplastic nevi and melanoma should be examined more frequently. Self-examination at home is critical for detecting early changes.

Removing all of these moles is neither practical nor recommended, nor does it entirely remove the risk for developing melanoma. Dysplastic moles with an unusual appearance or suspicious changes often are removed for microscopic evaluation. People at higher risk for melanoma should minimize exposure to other risk factors associated with melanoma. For example, during the summer one should use sunscreen and wear a broad-brimmed hat when outdoors.

Prevention

There is no known way to prevent dysplastic nevi. However, wherever possible, further risk factors for melanoma should be reduced and sun protection or avoidance is recommended, as well as seeing your dermatology provider for a full skin screening twice a year. If you would like to make an appointment with Laura Mays PA-C who specializes in skin cancer and mole screenings, please [click here](#) to call for an appointment today.