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What is an atypical nevus?

There is no simple answer to this question which has become a hotly debated controversy in dermatology for over 30 years.

Atypical nevi were initially described in the late 1960s in some patients with hereditary melanoma aka the atypical nevus syndrome or dysplastic nevus syndrome. These patients, who form a small subset of all melanoma patients, are covered with "funny" large moles with unusual shapes and colors. When biopsied, the cells that make up these moles are larger than normal, and form atypical patterns microscopically.

The problems began when atypical nevi were removed in the general population; the lesion became labled as a precursor to melanoma which in the vast majority of cases(>90%) is not true. You will find a wide variety of opinions on how to handle atypical nevi. After reading, researching and writing on this topic for several years this is how I view atypical nevi and how I take care of patients with them.

1. Atypical nevi can look like melanomas visually; those that I think could be a melanoma are removed.
2. In rare instances, melanoma can develop in a pre-existing atypical nevus. To me if a mole is severely atypical(see below) I make sure the growth is out with a small margin.
3. If a patient has more than 10 atypical nevi, then I view the patient as being in a higher risk group for developing melanoma and see them every 6-12 months for a skin examination.
4. Atypia comes in three forms microscopically: mild, moderate and severe. At this time if there are severely atypical cells left in the patient I recommend complete removal of the growth. If the growth shows mild or moderate atypia, I usually do not re-excise the area unless the lesion recurs, the patient is worried or something about the lesion bothers me or the pathologist.

If you have a lot of moles it's important for you to understand the ABCDs of melanoma detection and self examine regularly. If you feel as though a mole is changing or something is different (itch, bleeding etc) come in as soon as you can for an evaluation. Realize that having 1 or 2 atypical nevi doesn't mean you are going to get a melanoma, however the more atypical lesions you have the higher your risk. Family history of melanoma, a changing lesion and multiple atypical nevi are the greatest risk factors for developing a melanoma. Self examination, sunscreen application and follow-up appointments with me are the key ways to identify melanoma in it's earliest stages(when it is curable).

If you have any questions or concerns about atypical nevi or melanoma, my staff or I would be happy to answer them.