Nevi (Moles)

DIAGNOSIS:

Nevi typically appear during the first 20 years of life, although some may not appear until later in life.

The signs of benign nevi are uniform pigmentation, smooth regular border, and unchanging size and color.

Nevi are not stable. They can grow and go through changes of maturation. Flat junctional nevi may be present at birth, but usually appear between 3 and 18 years of age. They vary in size and shape, and may have a fried-egg appearance with darker bull's-eye center. They grow in proportion to body growth during childhood and adolescence. During adolescence and adulthood, they may become raised compound or intradermal nevi. Nevi may darken with exposure to sun, birth control pills, and pregnancy. This is a normal occurrence.

The signs of a malignant transformation are the ABCDs. A is for asymmetry of 2 halves of the nevus (benign lesions have two halves in any orientation that show symmetry). B is for border—irregular or scalloped border and signs of satellite pigmentation. C is for color changes or variegation in color, especially red, white gray, or blue. D is for diameter, with diameter of greater than 6mm more concerning. Other signs include enlarging size or surface changes such as scaling, erosion, oozing, crusting, ulceration, or bleeding. An “itchy” nevus may be a sign of malignant transformation.

The “ugly duckling” sign refers to a mole that looks different from the majority of other moles and should be removed to evaluate for melanoma. Clinically atypical nevi are less likely to be melanoma if other nevi on the same patient share similar features. If the patient has one mole different from all others, you might remove it by shaving or excision. But if a mole has “cousins” that look similar, the risk of cancer is low.

REFERRING PROVIDER:

- If a mole looks suspicious for melanoma, remove the mole with 2mm margins. The lesion must be sent to Pathology.
- If the lesion turns out to be a melanoma, studies indicate there is no detectable risk of causing melanoma to metastasize by performing a shave or punch biopsy.
- The pathology report may show normal (junctional, compound, or intradermal) nevi, various levels of atypia (slight, moderate, severe), or melanoma.
- If a nevus is normal, no further treatment is needed.
- If a nevus shows slight or moderate atypia and margins are clear, no further treatment is needed. Patient should be asked to look for recurrence of pigment.
• If a nevus shows slight or moderate atypia and margins are not clear, re-excise or re-shave to get around the lesion.

WHEN TO REFER:

• If a nevus shows marked or severe atypia or any degree of pathologist’s concern for melanoma, please refer to Skin Cancer and Dermatology (SCAD) clinic for further evaluation. If pathology states melanoma, refer to Melanoma Clinic in the Cancer Center.
• Dysplastic/Atypical nevus syndrome and uncertain if biopsies are indicated
• Past history of multiple atypical nevi on biopsy
• Strong family history of melanoma
• Uncertain about diagnosis or how best to excise a pigmented lesion