Dysplastic Nevi and Association With Melanoma

The incidence of melanoma of the skin appears to be rapidly increasing. The rising incidence may be partially attributable to increased detection, resulting from public education. In 2005, it is estimated that 59,580 new melanomas will be diagnosed and 7,770 people will die from melanoma in the United States. Detection and surgical treatment of the early stages of melanoma are curative. Delays in treatment often result in dismal results. One of the traits associated with increased risks of developing melanoma includes dysplastic nevi.

Dysplastic nevi are moles whose appearances are different from typical common moles (nevi). Dysplastic nevi vary in size and are often larger than common moles. Dysplastic nevi often have both a flat and raised component and have borders that usually are irregular and ill-defined. Their color is variegated, ranging from tan to dark brown, often on a pink background. While they may appear anywhere, the most common location is on the trunk.

Some families are affected with an inherited form of multiple dysplastic nevi. Persons with this syndrome have a markedly increased risk of developing melanoma. If a person has many dysplastic nevi and two relatives with a history of melanoma, their risks for developing melanoma may be as high as 100%. Intense surveillance is necessary for the diagnosis and early treatment of melanoma in all patients with dysplastic nevi. This regimen requires monthly self-examination by the patient and a physician examination at six – twelve month intervals.

For those individuals who have dysplastic nevi without a family history of melanoma, the risk of developing melanoma is clearly different from the general population. The relative lifetime risk for such an individual is increased two to eight times that of the general population.

In examining patients, your physicians will biopsy moles that have developed or shown change in any of the following characteristics:

Asymmetry, Border Irregularity, Color, Diameter, Evolution, or Symptoms

Moles that have developed since the last examination may be monitored for six months to a year, but they will be excised if there is suspicion of melanoma or if a rapid change has occurred. To permit adequate diagnosis, the biopsy will include total removal of the visible aspects of the mole.

Efforts to increase patient awareness of the association of dysplastic nevi and melanoma, without causing unnecessary fear, can present a challenge. Regular self-examinations and physician check-ups provide promise for early detection and cure.