

Most people in Australia have about 20-30 regular moles. Those individuals with heavy sun exposure during the teenage years tend to have more moles. Children in Queensland are known to have on average more moles than those in Tasmania because of the much greater number of daylight hours and higher UV levels.

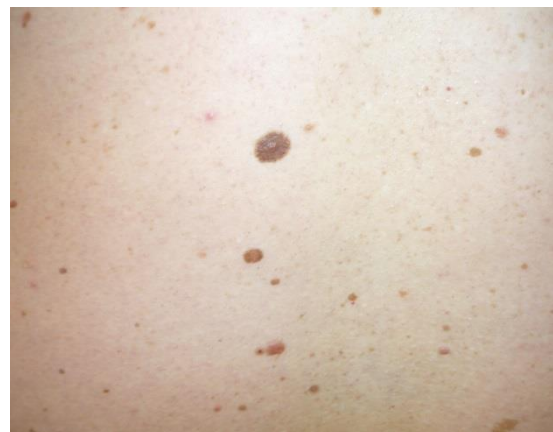
A much smaller group of people have so called funny or atypical moles known as dysplastic nevi. These can be inherited and entire families can be affected.

Dysplastic nevi are present in much greater number than regular moles. There can be 100 or more in some individuals. The moles are on average larger than regular moles sometimes measuring up to 2cms in diameter. They can have a very irregular border with a scalloped appearance. They may have a “poached egg” appearance. They are usually much pinker in colour and it is not unusual to see a mixture of brown, black and red all in the one dysplastic mole. As a result dysplastic moles look very different to regular moles and the affected person can look very spotty (see the pictures below). They can continue to develop throughout life and it is not unusual to see them change with time. In later life they can slowly start to shrink and disappear.

Dysplastic nevi can be totally harmless and no different to regular moles. However they can in some instances be a warning sign for an increased risk of developing melanoma, a malignant form of skin cancer. If there is a family history of melanoma then the dysplastic nevi are taken very seriously.

It is not feasible to remove all dysplastic moles as this would leave terrible scarring in many instances and would not reduce the risk of melanoma. Instead, we recommend that the moles be closely monitored. Monthly self-examination is important to detect any changes at an early stage. To self-examine the back is difficult and needs assistance. Two mirrors can be used. Any changes should be reported to a doctor as soon as possible. By regular self-examination most people can recognize their moles and detect any changes. Photography is not essential and can be very difficult as the lighting and other variables in the pictures can give a misleading impression. For this reason we do not advocate full body photography or computer imaging.

We also recommend reducing direct sun exposure on dysplastic nevi as this almost certainly is a risk factor for change. Regular medical review on a 6-12 monthly basis is very important with specialist dermatology referral as required. Any dysplastic mole that has changed significantly will generally be surgically removed for pathology to rule out a melanoma.



It is inadvisable to have any dysplastic moles treated with laser as this does not destroy the mole but rather creates a scar and alters the appearance. It is then very difficult to monitor the mole and it may recur with a suspicious appearance for melanoma and will then require surgery.

There is a possibility that dysplastic nevi are associated with familial melanoma. These individuals have multiple melanomas in their lifetime and require very close medical review.

If diagnosed with dysplastic nevi, generally you will need to see a dermatologist.

