

Atypical (Dysplastic) Nevi

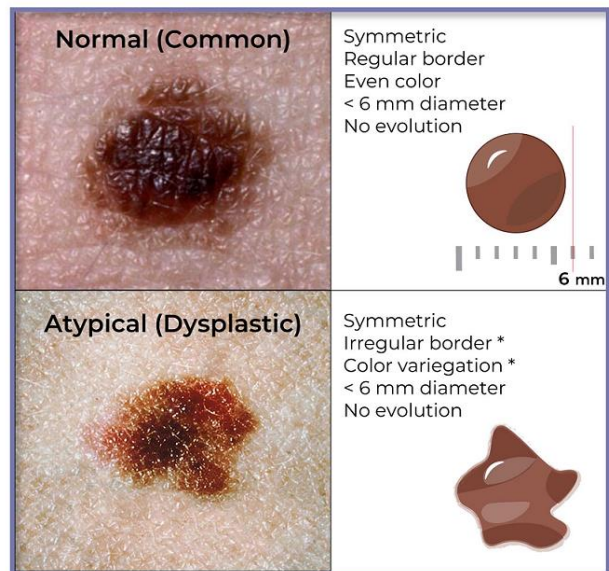
What Are Atypical (Dysplastic) Nevi?

Atypical nevi (also called **dysplastic nevi**) are **moles that look different from common benign moles**. They are **not skin cancer**, but they can sometimes **resemble melanoma** and may be a marker that a person has a **higher risk of melanoma**, especially if they have many atypical moles or a family history of melanoma.

Atypical moles often have one or more of these features:

- **Asymmetry** (one half doesn't match the other)
- **Irregular borders**
- **Multiple colors** (tan, brown, pink, darker brown)
- **Larger size** than a typical mole
- **Change over time**

NORMAL & ATYPICAL MOLES (NEVI)



Why Atypical Moles Matter

Atypical moles are important because:

- Some can be difficult to distinguish from melanoma by appearance alone
- People with multiple atypical moles may have a higher lifetime melanoma risk
- Monitoring changes over time helps detect melanoma early, when it's most treatable



How Atypical Moles Are Evaluated

Your dermatologist may recommend one or more of the following:

1) Full-Body Skin Exam

A head-to-toe skin check to evaluate existing moles and look for new or changing lesions.

2) Dermoscopy

A handheld magnifying device that lets your dermatologist see pigment patterns not visible to the naked eye.

3) Digital Monitoring / Mole Mapping (when appropriate)

Photos and/or dermoscopic images may be stored to compare changes over time.

4) Skin Biopsy (if a mole is concerning)

A small sample is removed and examined under the microscope by a dermatopathologist to confirm the diagnosis and determine next steps.

Do Atypical Moles Need to Be Removed?

Not always. Management depends on:

- How the mole looks clinically
- Whether it is changing
- Your personal and family history
- The biopsy result (if biopsied), including the degree of atypia and whether margins are clear

Some atypical moles are safely monitored, while others are removed if they are concerning or show significant atypia.

Pre-Op Instructions

(For evaluation, photography/mole mapping, and possible biopsy/excision)

Before Your Appointment

- Make note of any spots that are **new, changing, bleeding, itching, or different**

- Bring any history of:
 - Prior biopsies or skin cancers
 - Family history of melanoma
 - Immunosuppression or organ transplant (if applicable)


Day of Your Visit

- Wear comfortable clothing
- Avoid heavy makeup or body oils if possible (helps visualization)
- Remove nail polish if you can (nails can be part of skin screening)
- Tie up long hair or bring a clip for scalp evaluation
- If you are scheduled for mole mapping: avoid self-tanner and come with clean skin

If a Biopsy Is Planned or Possible

Please tell us if you:

- Take **blood thinners** (aspirin, warfarin, clopidogrel, apixaban, rivaroxaban, etc.)
- Have a bleeding disorder or bruise easily
- Have allergies to lidocaine, adhesives, or antiseptics

 **Do not stop prescribed blood thinners** unless your prescribing clinician instructs you.

Post-Op Instructions

(If a biopsy or excision was performed)

Wound Care

- Keep the bandage on and dry for the first **24 hours** (unless instructed otherwise)
- After 24 hours, daily:
 1. Wash hands
 2. Gently clean with mild soap and water
 3. Pat dry
 4. Apply a thin layer of ointment **if instructed**
 5. Cover with a clean bandage

Continue until healed or until stitches are removed.

Activity

- Avoid heavy exercise, stretching, or friction on the area as instructed—especially if stitches were placed
- Avoid soaking (baths, pools, hot tubs) until cleared

Bleeding

If bleeding occurs:

1. Apply firm pressure for **15 minutes** without checking
2. Repeat once if needed
3. If still bleeding after 30 minutes, contact the office

Call the Office If You Notice

- Increasing redness, warmth, swelling, pus, or fever
- Worsening pain after the first day
- The wound opens or stitches come loose

Results & Next Steps

Biopsy results are often available within **several business days** (timing varies). We will contact you with:

- The diagnosis
- Whether additional treatment is needed
- A personalized follow-up plan (monitoring vs removal)

Atypical (Dysplastic) Nevi – FAQ

Are atypical (dysplastic) moles cancer?

No. Atypical moles are **benign**, but they can look similar to melanoma and may indicate a higher melanoma risk in some patients.

Does having atypical moles mean I will get melanoma?

Not necessarily. Many people with atypical moles never develop melanoma, but the risk can be higher—especially with **many atypical moles** and/or a **family history of melanoma**. Regular skin exams help with early detection.

How do I know if one of my moles is concerning?

Use the **ABCDE** warning signs:

- Asymmetry
- **B**order irregularity
- Color variation
- **D**iameter growth
- **E**volving (changing)

Also watch for the “**ugly duckling**” mole—one that looks noticeably different from your other moles.

Do atypical moles have to be removed?

No. Some are monitored safely. Removal is recommended when a mole appears suspicious, changes over time, or shows significant atypia on biopsy.

What is dermoscopy and why is it used?

Dermoscopy is a magnified exam with specialized light that helps dermatologists evaluate pigment patterns more accurately and decide whether a mole should be monitored or biopsied.

What is mole mapping, and do I need it?

Mole mapping uses **total-body photography** and/or **digital dermoscopy images** to track moles over time. It's most helpful for patients with **many moles, atypical moles, or higher melanoma risk**.

If a biopsy shows “mild, moderate, or severe atypia,” what does that mean?

It describes how unusual the mole cells look under the microscope. Management depends on the level of atypia, whether the entire lesion was removed, and clinical context. Your dermatologist will explain your specific result and recommended next step.



Will a biopsy or removal leave a scar?

Any procedure can leave a small scar. Good wound care and sun protection during healing help scars fade more evenly over time.

How often should I have skin checks if I have atypical moles?

That depends on your risk factors (number of moles, family history, prior skin cancer, etc.). Your dermatologist will recommend a schedule—often ranging from periodic to more frequent exams for higher-risk patients.

Call to Action

If you have a changing mole—or many moles that are hard to monitor—professional surveillance can make a big difference.

 **Schedule a Full-Body Skin Exam + Mole Evaluation**