Department of Dermatology, Churchill Hospital

Dysplastic naevi
(atypical moles)

Information for patients
Introduction

You have been given a diagnosis of dysplastic naevi (also known as atypical moles). This leaflet is designed to provide further information about your diagnosis and treatment options.

What are dysplastic naevi?

The common term for naevi are moles. The word ‘dysplastic’ means that the moles look abnormal but are NOT cancerous. Dysplastic naevi are more commonly found in fair-skinned people especially if they have been exposed to sunshine. It’s also possible you can inherit the potential to develop dysplastic naevi.

What do dysplastic naevi look like?

They are larger than 5mm and can have an irregular or asymmetrical border and consist of several colours. Some people can have many of these moles while others just have a few.

How are they diagnosed?

Dysplastic naevi are easy to recognize and the doctor can diagnosed them by their appearance. If necessary the diagnosis can be confirmed by removing the mole and examining it under the microscope.

Can they be treated?

If you have an atypical (unusual) mole it is important to have it looked at by your doctor/dermatologist. The mole, and some of the skin around it, may need to be removed to check it more thoroughly. If a mole is removed, it is examined in the laboratory to check that all the mole has been completely removed. The level of abnormality is also assessed.
Can you cure atypical moles?

If the mole is mild or moderately abnormal and completely removed we would not expect any further problems. If the mole is graded severely abnormal, more surgery may be required to remove more skin around the mole site as a precaution.

Would the mole become cancerous if left?

There is an increased risk of an atypical mole turning cancerous (melanoma) compared with a benign looking mole. This risk is higher if you have lots of atypical moles or if they run in the family.

Can I prevent myself from developing an atypical mole?

There is currently no way of preventing the development of an atypical mole. However, as atypical moles can be related to sun exposure, we advise avoiding sun exposure when the sun’s rays are strongest (between 11am-3 pm). You should also use sunscreen protection (factor 30) from April to October and cover up with a hat and long sleeves. Don’t get burnt and don’t go sun-bathing.

What if moles run in the family?

This could be a hereditary condition also called ‘Familial Dysplastic Naevus Syndrome’. It is important to have a full body screening with a dermatologist. Full skin photography may be recommended. You may be referred for regular screening to allow early detection and treatment of melanoma.
How do I recognise a melanoma?

The ABCD rule
Ask a friend or family member to check your skin every couple of months for any change in your moles. Signs to look for include:

- **Asymmetry**: do the two halves of the mole look the same?
- **Border**: are the edges irregular, blurred or jagged?
- **Colours**: is the colour uneven, with more than one shade?
- **Diameter**: is the mole more than 6mm in diameter?

If you answer ‘Yes’ to any of the above, contact your doctor. Early detection has a much higher cure rate so if you are worried, get in touch!

Further information

**Cancer Research UK**
Cancer Research UK offers information about sun awareness and checking your moles. Contact them directly on:
0808 800 4040
www.cancerresearchuk.org

Who to contact

If you have any questions about your diagnosis or management your GP will be able to advise you.

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call 01865 221473 or email PALSJR@orh.nhs.uk