[Ask The Expert]

When Should Moles Be Removed?

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Tribune correspondent

One of the most frequent reasons patients consult with a dermatologist is for a "mole check." This important screening examines the skin for possible melanoma, a deadly form of skin cancer, yet one often curable with early diagnosis. Because melanoma is a cancer of pigment-producing cells known as melanocytes, and moles are composed of clusters of these cells, many patients ask, "Why not remove all my moles?"

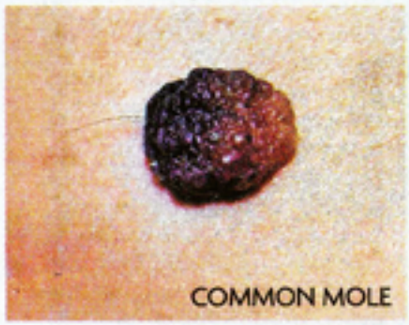
There are several reasons why preventive removal of moles is not recommended. The primary reason is that even removing all moles does not guarantee a person will not develop a melanoma. Although moles may develop into melanomas, this form of skin cancer most often appears on normal skin.

It is not unusual to have an average of 40 to 60 moles by adulthood. These common skin growths, typically brown, can appear anywhere on the skin, alone or in groups. They are not considered precursors of melanoma, and removing them all would not be feasible.

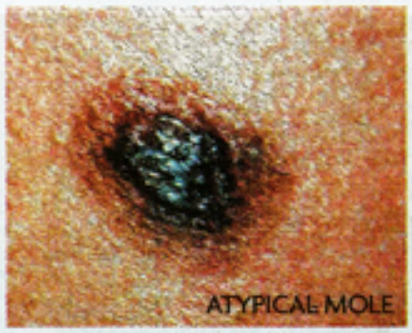
Moles raising the most medical concern tend to be those that look different than other existing moles or those that first appear after age 20.

Many patients have a condition known as atypical or dysplastic nevus syndrome. This skin disorder — characterized by hundreds of moles varying in size, location and coloring — can be hereditary or develop spontaneously. New lesions continue to develop and change in appearance throughout life.

These "atypical" moles present a small, but real, risk of malignant melanoma that can spread to adjacent skin or internally to other organs. The problem is determining which abnormal lesions may actually evolve into cancerous disease. Even removing all these atypical moles does not eliminate or significantly reduce the risk for melanoma, because their presence continues to serve as a "marker" for increased melanoma on normal-appearing skin.



COMMON MOLE



ATYPICAL MOLE

USF Health

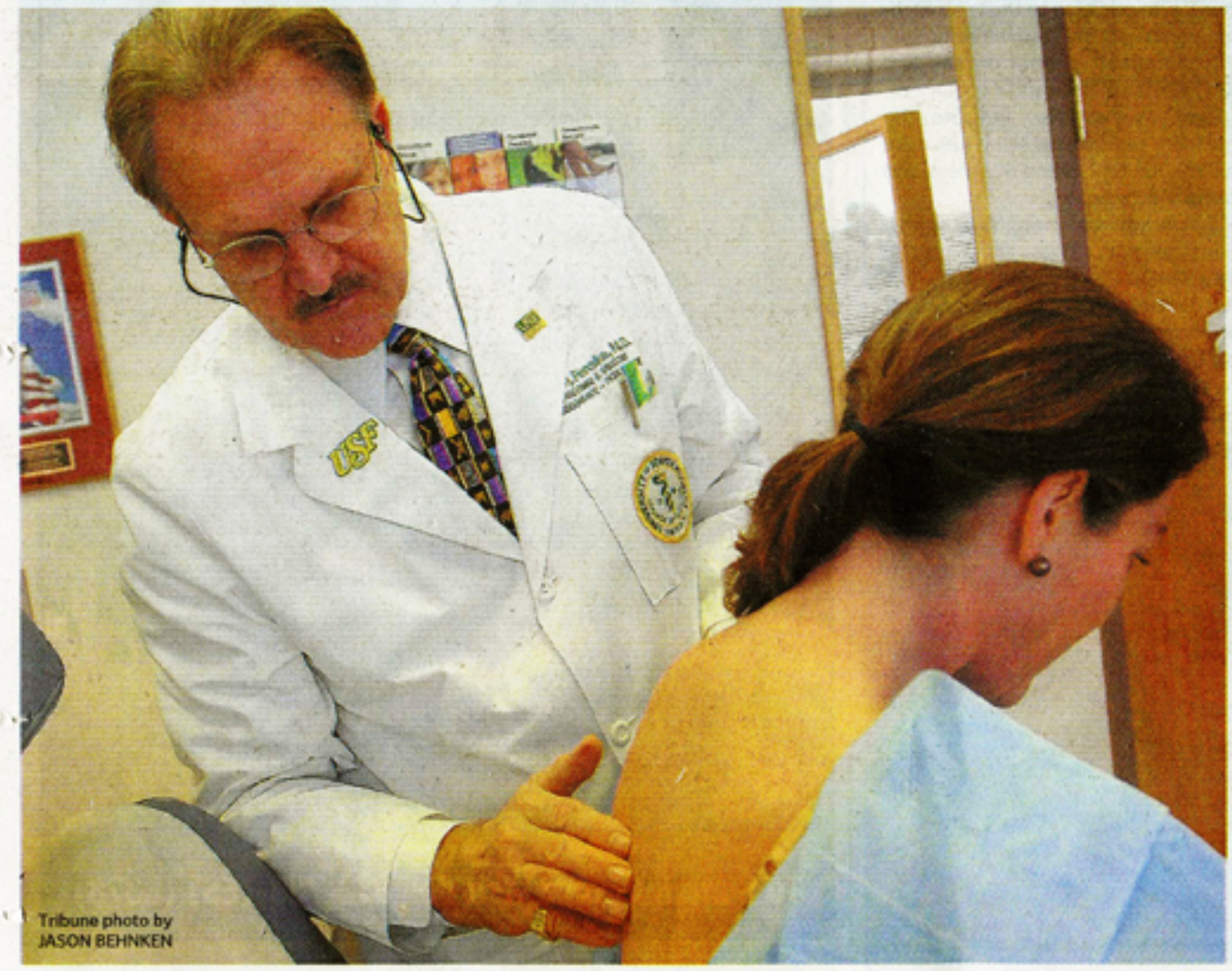
What is the practical solution to this conundrum? Self-education about the signs of skin cancer and monthly self-examinations are critical, along with routine visits to your dermatologist. Dermatologists are skilled at checking suspicious moles for subtle signs of malignancy and will perform a biopsy if they believe a mole needs to be further evaluated or removed entirely. If the lesion appears benign, some patients may want the mole removed for cosmetic purposes.

Generally, you don't develop new moles as you age unless you have dysplastic nevus syndrome, a condition the dermatologist can diagnose. People with this syndrome need more rigorous scrutiny than those with common moles. Moreover, if they have a family history of melanoma, they may be at even greater risk.

The most important player in the early diagnosis of melanoma is you! Alert your dermatologist if a new mole develops; if an existing lesion changes size, color, height or shape; or if a mole becomes symptomatic (bleeds, itches, becomes tender, etc).

Keep in mind that moles generally must be larger in diameter than a pencil eraser before they typically manifest symptoms of a melanoma. Consequently, every brown spot, however small, may be skin cancer that is simply too small for any dermatologist to diagnose.

However, by working together as a team, patient and dermatologist have the greatest chance of catching a melanoma early, increasing the likelihood of successful treatment.



Tribune photo by JASON BEHNKEN

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