

SKIN CANCER - SELF EXAMINATION

Self examination of the skin aids in the recognition of any new or evolving lesions. Consult your doctor if changes are noticed.

1. Examine your body front and back in the mirror, then right and left sides, arms raised.
2. Bend the elbows and look carefully at forearms and upper arms and palms.
3. Look at the backs of the legs and feet, spaces between toes and the soles.
4. Examine the back of the neck and the scalp with a hand mirror. Part the hair for a closer look at the scalp.
5. Finally, check the back and buttocks with a hand mirror.



“Specialising in the microscopic diagnosis of skin cancer”
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PATIENT INFORMATION

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ATYPICAL MOLES

An atypical mole (also called atypical n(a)evus or dysplastic n(a)evus) is a benign growth that may share some of the clinical or microscopic features of melanoma, but is not a melanoma or any other form of cancer. However, the presence of atypical nevi (plural of nevus) may increase the risk of developing a melanoma, or be a marker for someone who is at risk of developing melanoma. This increased risk varies from very small for those with a single atypical nevus to higher for those with many.

WHAT DOES AN ATYPICAL NEVUS LOOK LIKE?



By definition, atypical nevi can have a variable appearance. They often show **ABCDE** features: **A.** asymmetrical (one portion larger than the other), **B.** tend to have an irregular border

which can fade imperceptibly into the surrounding skin, **C.** variably coloured (typically with shades of tan, brown, black; and red), **D.** large (diameter > 6 mm), and **E.** slightly raised (elevated). An atypical nevus will have characteristic microscopic features found on a skin biopsy. The claim to fame of the atypical nevus is that it often can look like a melanoma.

WHAT DOES IT MEAN IF I HAVE A SINGLE ATYPICAL NEVUS?

A patient with one to four atypical nevi without a personal or family history of melanoma is at a slightly higher risk than the general population.

However, an atypical nevus is not the same as melanoma and does not need to be treated aggressively, but should be observed for changes, biopsied, or conservatively excised.

WHAT DOES IT MEAN IF I HAVE MANY MOLES AND ATYPICAL NEVI?

The risk of developing melanoma is higher if a patient with atypical nevi has a personal or family history of melanoma. When a patient has multiple atypical and normal nevi (moles) and one of their relatives has melanoma, they may have Familial Atypical Mole Syndrome (FAMS) which puts them at significant increased risk of developing melanoma.

WHAT SHOULD I DO IF I HAVE FAMILIAL ATYPICAL MOLE SYNDROME?

Patients with FAMS should examine their own skin every two to three months. Patients, beginning at about puberty, should undergo a full body screen from their doctor every 3 to 12 months. The aim of all of these measures is to permit early detection of melanoma, should it occur. Melanoma detected at the early stages has a much higher rate of cure than do later stages of melanoma.

healthy skin saves lives

WHAT CAN I DO TO PREVENT THE DEVELOPMENT OF MELANOMA?

Ultraviolet light avoidance is important to help prevent development of melanoma. Outdoor activity should be avoided between late morning and early afternoon, tanning parlors should be shunned, and wide brimmed hats should be worn year round along with other protective clothing. Regular use of sunscreen (SPF 30+) is advised, even for a brief exposure to sunlight. Sunscreen should be reapplied every 1 1/2 hours in prolonged sun exposure. All of these precautions can be important steps to preventing melanoma in all patients. Remember skin cancers including melanomas can occur on parts of the body not exposed to the sun.

TREATMENT OPTIONS

Atypical moles generally do not have to be excised unless there is a concern that a melanoma has developed. If excision is recommended, this is usually a simple and quick procedure and the specimen is sent to a specialist dermatopathologist for analysis which usually takes less than one week.

Where do atypical nevi occur?

Atypical nevi can occur anywhere on the body, and usually begin to appear at puberty. They may however, be more common in sun-exposed areas such as the back, and the legs.