Moles and Melanoma

Moles and nevi are tan or brown. They may be raised or flat areas of the skin. These areas have an increased number of melanocytes. Melanocytes are the cells in our body which make pigment and account for skin color.

Small birth moles (brown or dark pigmented birth marks) are present in 1% of all newborn babies. Most moles appear in older children or adults. Giant birth moles (larger than 8 inches or 5% of body surface area) are rare. They are found in less than one in 20,000 newborn infants.

The risk of small and medium-sized birth moles changing into melanoma, a deadly type of skin cancer, is slightly increased, yet the exact increase in risk is not known. Many studies are now being done to try to decide how much of a risk there is. Malignant melanoma is a type of skin cancer that can be deadly if it spreads throughout the body. The number of cases of melanoma is growing faster than any other cancer in the United States. Melanoma most often grows near the surface of the skin for a while, and then begins to grow deeper into the skin. Once it grows deeper into the skin, the risk of spread to other organs may increase. If it is found early and removed, a complete cure may be attained. Treatment is not as effective if the melanoma is removed after the tumor has spread.

Since there may be a risk of these birth moles turning into melanoma, we advise that they be removed if you notice changes in the mole. Since the risk appears to be greater during the teenage years and beyond, we can wait and remove the mole when the child is older and needs only a numbing medicine on the skin.

Often you can suspect a melanoma by how it looks. An ABCDE method of checking for melanoma is used. This method is described below.

**Asymmetry** – This refers to changes in color, size, shape or surface texture. This can be a result of rapid growth in the size of a mole. A flat lesion may become raised or scaly. The mole may scab, bleed, or an ulcer may form within the mole.

**Border** – The border of a melanoma often blends into the normal skin. There is no outline to the mole. It may also have an irregular (not smooth) border.

**Color** – The color of the mole changes. It becomes dark black, blue, or red.

**Diameter** – The width of the mole is greater than 0.6 cm (the size of a pencil eraser). This is only a guideline. Many normal moles may be this large or even a bit larger.

**Evolving**- The mole may change over time.
You should suspect a melanoma when a mole appears or changes quickly. Symptoms may include itching, burning, or pain in a colored lesion. Most patients with early melanoma have no skin soreness at all. The best method of finding a melanoma is by visual exam. Moles that look like melanoma may be removed. Once removed, they can be looked at under a microscope.

Melanoma can be found any place on the skin. It can be found on places that are hard to see. Many are first noticed by other family members. Sometimes, they appear as quickly growing, uniform blue-black, dome-shaped bumps. They may be seen within an existing mole or on skin that had looked normal before.

Dysplastic moles are common lesions that are thought to have an increased risk of turning into melanoma. This type of mole is most often larger than common moles and has uneven pigment with crooked borders. It can look like a melanoma. Biopsies of dysplastic moles may show abnormal traits that differ from a normal mole.

Melanoma can be deadly. There are two things you can do to prevent melanoma. The first is to avoid being in the sun without proper protection. Your risk of melanoma will increase the closer you live to the equator. People who are exposed to large amounts of ultraviolet radiation now and then may be at higher risk. The risk is greater for those who have had sunburns as a child or teen.

The second thing to do is to watch your moles. Melanoma can be found early by frequent self-exams, looking for the ABCDEs, and frequent exams by your doctor. If the melanoma is found early, the chance for a cure through surgery is greater.

Babies with giant birth moles clearly have an increased risk of developing melanomas. Up to 2% of these giant moles become melanomas. Many of these melanomas will occur during the first ten years of life. For this reason giant moles must be watched closely. If surgery is needed to remove them, we advise that it be done by a pediatric plastic surgeon. It can be done as early as 6 months of age (or before if we are concerned that melanoma is already present). If a large amount of skin needs to be removed, skin grafts or tissue expanders can be used.

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