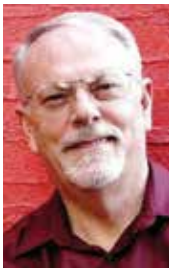
Moles: Their Role in Skin Cancer Diagnosis

A 39-year-old woman self-refers for evaluation of moles she's had on her face "all her life." They have become more prominent with age, and many now have hairs growing in them. They are often traumatized by contact with fingernails or clothing. The patient worries that they might "turn into cancer" the way her grandfather's moles did.



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The patient looks her stated age, is moderately overweight, and has more than her share of moles (some of which exceed 6 mm in diameter.) For the most part, they are skin-colored, and several are hair-bearing. Further questioning reveals that her moles manifested during puberty and have not been present "all her life."

Her type II skin is otherwise unremarkable and free of sun damage.

What are the chances of these lesions turning into skin cancer?

a) 0%
b) 5%
c) 25%
d) None of the above

ANSWER

The correct answer is none of the above (choice "d"). These lesions are all intradermal nevi, which have little, if any, risk for malignant transformation. Deeper nevi are considered quite safe, unless significant change has occurred. Despite the unlikelihood, however, it is risky to declare a 0% chance of skin cancer.

DISCUSSION

Slow growth and increased prominence are not the kinds of changes to look for in skin lesions.

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Rather, look for marked asymmetry (eg, the growth of a new, darker, macular component) or other change in color or consistency.

Hairs on these lesions are quite normal and are actually reassuring in confirming their benign nature. Skin cancers seldom support hair growth.

Most melanomas don't come from moles. Instead, they are "de novo" lesions, literally coming from nothing, out of clear skin. It *is* true that the more moles someone has, the greater his or her risk for skin cancer, though not necessarily in one of the moles. When melanomas *do* develop from nevi (a collection of a certain type of melanocyte), this usually occurs in superficial types, such as compound or junctional nevi. From an objective standpoint, in this patient's case, family history means nothing.

What does matter is to pay as much attention to the owner as to the lesion. The more fair-skinned and sun-damaged (freckles, blue eyes, red hair) the patient is, the more worrisome a lesion can be.

This patient had none of those traits, and she will likely have one of her lesions surgically excised to ensure she's satisfied with the resulting scar. Of course, the tissue sample will be sent for pathologic examination, as any specimen should be. **CR**