Mole Mapping & Screening

absolute æsthetics®

What are moles ('naevi')?

Most people have moles. They appear as brown 'spots' of varying sizes on the skin. They can be flat or raised, big or small. Usually they are quite round but can sometimes be irregular in shape. Medically moles are called 'naevi' (or nevi) with one mole being a 'naevus' (or nevus).

Moles can be present at birth and very often more develop as people age, normally as a result of exposure to the sun. Moles are a collection of pigment containing cells called melanocytes within the skin and their presence should not cause any concern or serious problems. However, some moles can go on to develop one of two conditions called 'non malignant melanoma' and 'malignant melanoma'. It is the signs that show that these moles might be changing that we all need to be aware of.

Other non-melanoma skin malignancies

These are quite common, affecting up to 1 in 6 of the population, predominantly in those who have had sun exposure during their lives (sun-bathing, outdoors sport, gardening, living in hot countries etc.)

Squamous Cell Carcinoma (SCC) is very common in people with fair skin and is often found on the face or areas of the body that are continually exposed to the sun. Most often SCC is curable provided it is diagnosed and treated early.

Basal Cell Carcinoma (BCC) is related to excess exposure to Ultra Violet light and is commonly found on the face or areas of the body that are continually exposed to the sun. It is slow growing and is usually noticed and treated before it can cause a problem. Very rarely, if it is left untreated, it can grow big enough to cause structural damage and extremely rarely it can eventually be life threatening.

Both SCC and BCC are common and are related to sun exposure. They are both slow growing and so give plenty of time to be noticed and for treatment to be sought. Provided they are treated, the outcome is usually excellent. They usually only cause a problem when they are ignored and are allowed to continue to grow for years.

Malignant melanoma

Melanoma is the most dangerous type of skin cancer. It can appear on normal skin or it may start out as a mole or an area that has changed in appearance. It can be found anywhere on the body and often spreads very rapidly. It is the less common type of skin cancer but it is the leading cause of death from skin disease. Melanoma is related to sun exposure, particularly among those with fair skin, blue or green eyes and red or blonde hair. Latest figures suggest that the lifetime risk of getting a malignant melanoma in the UK is about 1 in 60.

What are the signs that a mole is changing?

- The border may become irregular, uneven or blurred
- There may be a change in colour
- An increase or decrease in size and elevation
- It could be itchy or painful
- Bleeding

Everybody should examine their moles on a regular basis to look for any changes to moles that are already there or the appearance of new ones, particularly if there is a family history of skin cancer.

The outcome from malignant melanoma depends on its depth – NOT its size. Therefore, the earlier it is caught and treated, the more superficial it is likely to be and the better the prognosis.

Skin cancers are often curable if diagnosed early so procedures such as mole screening and mole mapping play an important part in detecting such changes in time to have it successfully treated.

What is Mole Mapping/Mole Screening?

Mole Mapping

Mole mapping is an advanced method for early diagnosis of skin cancer. With a specialist medical camera, a Clinician will take microscopic pictures of a patient's moles. Each mole is analysed and images are measured and digitally stored to refer back to. There are two methods of scanning that can be used.

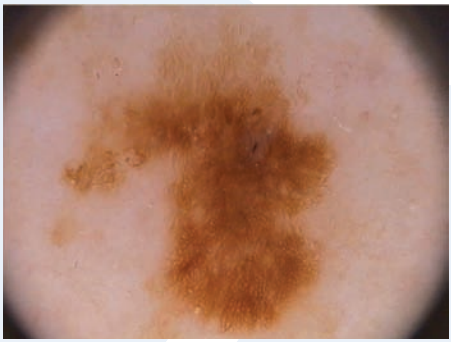
Total body mapping is for people who have a large number of moles that need to be monitored. During the appointment, 16 images are taken that covers the whole of the body and any large or suspicious moles are highlighted. Patients are then asked to return back to the Clinic 3 - 6 months later for a follow-up appointment. During this follow-up appointment, a further 16 images are taken and then they are digitally compared to the original images to identify any changes that have occurred.

This is an excellent way of keeping a regular check on moles to identify any changes or increase in numbers.

Mole Screening

If a patient is only concerned about one mole, individual mole screening can be undertaken. During these appointments, two digital images are taken – an overall image of the mole and then a more detailed, microscopic image with a specialised camera called a dermascope. This image is then processed through a mole analysis programme on the computer.

The computer analysis takes into consideration the size and colour of the mole and will then determine any irregularities and then gives an immediate result as a score – indicating whether the mole is safe or if it is at risk of either being, or changing into, a melanoma.



This computerised decision is used as an initial guideline but it is the Clinician who ultimately decides as to whether the mole should be excised (removed) or monitored. If the mole needs to be excised, Absolute Aesthetics has both a GP and Consultant Surgeon working within the Clinic so the removal of the mole and histology (analysis) can be carried out, often within 24 hours and usually within 48 hours.

What does the procedure involve?

At the beginning of the appointment, the clinician takes a full medical history and then with input from the patient, decides which mole screening procedure is more suitable. The selected procedure is then performed and analysed as above.

How can moles be removed?

The best method of removing the mole will depend on its size, location and depth. Absolute Aesthetics uses several different techniques:

Advanced Electrolysis

A minute, sterile needle is introduced into the mole and when in position, a tiny energy current is discharged. This process is repeated several times during the treatment and causes the cells to die. The mole will then shrivel, a scab will form which will naturally drop off, usually around 10 days after the procedure. As long as the area is left alone to recover naturally, a scar is very rare making this a perfect procedure for facial moles.

Surgical Excision

This is the best method for 'suspicious' moles. The mole is removed under local anaesthetic, the wound would normally need stitches and often a small scar remains. The tissue sample is then sent for histology to identify whether it is malignant (cancerous).

Dermablade

This device will 'shave' the mole from the skin and is best for more superficial lesions that are benign and are being removed more for cosmetic purposes. This procedure requires local anaesthetics and occasionally a slight scar may remain.

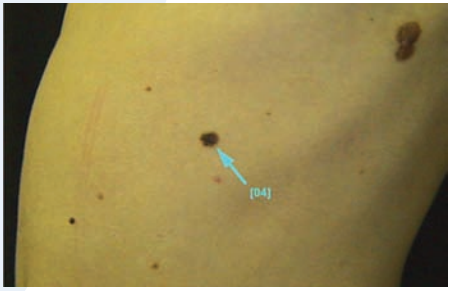
Cryotherapy

A controlled amount of liquid nitrogen is sprayed onto the mole, causing the cells to freeze and then die. After the procedure, a scab will form and naturally drop off, usually around 10 days after the procedure. Sometimes a white mark can be left.

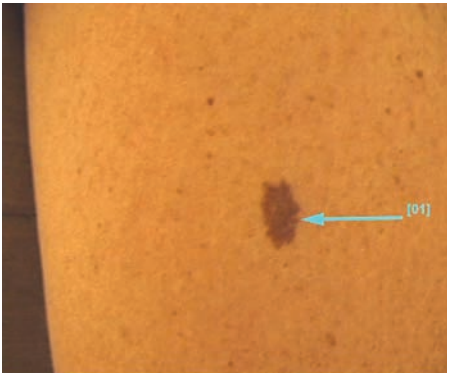
Who should consider mole mapping/ mole screening?

Everybody with moles would benefit from either one of the screening techniques that are available.

However, we would definitely recommend patients with a history of skin cancer in the family or who have suffered a melanoma in their own medical history consider ongoing mole screening to assist with early detection or any changes to existing or new moles.



Those with multiple moles (probably more than 30) would benefit from mole screening to assist with monitoring a large volume of moles and identifying any slight changes or new development.



Patients who have noticed any changes to existing moles, however slight particularly those who have sensitive, light skin or perhaps suffered from sunburn during childhood or adolescence.

If you would like to know more about Mole Mapping or Mole Screening at Absolute Aesthetics, please look at the website: www.absoluteaesthetics.co.uk
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