



Fact Sheet

Treatment – Moles

Clinically, there are several different types of moles and a tendency to develop moles runs, to some extent, in families. Other types of moles can be stimulated by exposure to strong ultraviolet light. Some of these moles are flat and some are raised. Generally speaking those brown moles, which are evenly pigmented with a very regular outline, do not give cause for any clinical concern about the possibility of malignant change. However, moles greater than one centimetre in diameter, with an irregular outline and an irregular degree of pigmentation on the surface, are referred to as "clinically atypical moles" and are unstable. They may become malignant, especially if stimulated by strong sunshine. You should consult your GP if you are worried about your moles.

Treatment

Removal of these moles is not easy. If they are excised surgically, a linear scar about two and a half times the length of the mole is an inevitable consequence, even in the best plastic surgical hands. It is sometimes possible to shave the mole off the skin surface. Although this technique will give an improved cosmetic appearance over formal excision, a small mark is usually left at the site. Moreover, if the mole is hairy, not all the hair follicles are removed by hair follicles are removed by shave excision so the hair in the area may continue to grow.

The introduction of resurfacing lasers, particularly the Erbium:YAG, has made removal of these simple compound Naevi on the face, much easier and the cosmetic results are generally good, with very little in the way of scarring or marks after the procedure. However, if the mole is hairy, the Erbium:YAG laser will not remove the hairs and these may have to be dealt with later by the Ruby or Lyra laser.

Dermatologists are reluctant to treat clinically atypical moles with lasers, for fear that the laser may stimulate the mole to become malignant. It should be noted that this reaction to laser treatment has not yet been described in the medical literature, however, this does not mean that it will not happen at some stage in the future. As a generalisation, if this type of mole is going to be treated by lasers, a small biopsy may be taken first, to make sure there is no early malignant change in the actual mole. The decision to treat this type of mole should be made together, by both the patient and the medical practitioner, following a full exploration of all the relevant factor.

Possible complications

It is unusual to develop complications after laser mole removal. Sometimes the surface of the treated skin may be slightly raised or slightly lower than the surrounding area, although this blends in with time.

As the root of the mole is not removed, it can recur but this can be easily retreated. Pigmented moles can also re-pigment after treatment.

After treatment

A small wound will be present after treatment and may require a dressing. This usually heals within a week.

The treated area will be sensitive to the sun for some months and you should use a sunscreen of SPF 30 for about 6 months. We advise the use of Lasercare SPF 30 sun block, which is available from Lasercare clinics.