

**Mounir Boutros, MD**  
**Renaissance Dermatology**  
**5951 Renaissance Place, Ste. C; Toledo OH 43623**  
**(419) 824-2288**

## **Understanding Pathology Results**

### **The concept of Atypical Nevus**

Mild means it has extremely low, and remote, potential to turn into melanoma but it's possible. If patient only had a few (one-three or four-) then regular follow-up is recommended.

It is a genetic tendency that is triggered and worsened by sun exposure. If we sample people with many moles they might have a good chance of a few of them being mildly atypical.

Moderate or Severe Atypical is more significant with higher risk to become melanoma. Some schools of thought believe atypical nevi stay atypical and never turn into melanoma but they might signify the increased risk to develop melanoma in the same person (at a different site). On the other hand we can see on some biopsies melanomas growing either next to or out of an atypical nevus.

To resolve this, we like to sample the worst-looking mole (clinically) and categorize the patients' level of risk, and the need for follow-up.

Most of the time the punch or excision of a flat mole comes back with free and clear margins, but we might re-punch or re-excise when they extend beyond the margins.

### **The concept of Actinic Keratosis**

If we shave a lesion, and the result is AK or Thick AK (hypertrophic), typically the shave takes care of it. But we like to recheck in 3 or 6 months to make sure it's gone.

AK is precancerous for Squamous Cell Cancer or Basal Cell Cancer (less chance).

### **The BCC/SCC Concept**      (Basal Cell Carcinoma or Squamous Cell Carcinoma)

These cancers are slightly deeper than the level of shave (even though occasionally a small superficial one can be removed totally with the shave).

We need to excise (cut into the skin) with 2 layers of stitches (usually).