Central Adelaide Dermatology Services
Clinical Information Sheet

<table>
<thead>
<tr>
<th>Clinical Condition</th>
<th>Pigmented naevi</th>
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<tr>
<td>Eligibility</td>
<td>Pigmented naevi / suspected melanoma</td>
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| Priority            | • Changing pigmented naevi particularly in a patient with a family or personal history of melanoma  
                      • Patients with multiple atypical naevi (greater than 7mm in size, variable shape and border)  
                      • Cases of diagnostic doubt |
| Differential Diagnoses | Pigmented seborrhoeic warts, dermatofibroma, ephelides, haemangiomas |
| Information required with referral | • Any skin biopsy/ excision reports  
                      • Any radiological reports relevant to the skin with films to be sent with patient |
| Investigation required for diagnosis | Excision of a changing naevus may be appropriate. Please always excise naevi completely if able as partial removal of a naevus may lead to poor interpretation of specimen. REFER if unable to excise lesion completely. |
| Pre-Referral management strategies (include with referral) | As a general principle, melanomas and skin cancers are rare in prepubertal children. So very few pigmented naevi clinically need to be removed in children. Suggesting photographs for surveillance and review within 3 months for change can be reassuring.  
Changing pigmented naevi should be excised with a 2mm margin where there is suspected change. However if change is not established or likely, then review at 3 months with baseline photography should be considered. Refer urgently if excision cannot be performed. |
| Pre-Referral management strategies (include with referral) | If surgery is performed, please send to a dermatopathologist or pathologist highly skilled in interpretation of melanocytic lesions.

Further management of the naevus depends on the final diagnosis:

- If the naevus is benign, no further action is required.
- If the naevus if dysplastic (mild to moderate), this should have been adequately excised if the 2mm margin was adhered to.

If melanoma is diagnosed, please refer urgently to the Melanoma Service-Dermatology at the RAH [SEE MELANOMA SERVICE GUIDELINES] |

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For more information

**Dermatology Services**
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The Queen Elizabeth Hospital, 28 Woodville Road, Woodville South. Telephone: 08 8222 6000

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