Moles and Skin Tags - A Complete Guide - Me Clinic Melbourne

Canonical: https://www.meclinic.com.au/blog/moles-and-skin-tags-the-definitive-guide/

Details:

Moles and skin tags are extremely common. Most are harmless and need no treatment at all. The point of this guide is to help you tell one thing from another , know what the warning signs are, and know when something needs a doctor rather than a decision.

For how lesions are actually removed — the methods, the scars and the pathology report — see how to remove a mole . This page is about recognising what you are looking at in the first place.

Surgical warning: Any surgical or invasive procedure carries risks. Before proceeding you should seek a second opinion from an appropriately qualified health practitioner.

A field guide to the common ones

Most people have several different kinds of lesion and assume they are all “moles”. They are not, and knowing the difference tells you which ones matter. None of this is a diagnosis — it is a vocabulary, so that you can describe what you are seeing and know when to have it looked at.

What it is	What it looks like	How it feels	What it means
Common mole (naevus)	Round or oval, evenly coloured brown or tan, usually under 6 mm	Flat or smoothly raised, soft	Benign. Watch for change
Seborrhoeic keratosis	Waxy, warty, “stuck on” appearance, tan to dark brown	Rough, crumbly, often catches	Harmless age-related growth, not a mole
Skin tag (acrochordon)	Small, soft, skin-coloured, on a narrow stalk	Soft, moves freely, can be pinched at the base	Benign, forms where skin rubs
Cherry angioma	Small, bright red or purple dome	Smooth, may bleed if knocked	A benign cluster of small vessels, very common with age
Dermatofibroma	Firm brown or pink nodule, often on a leg	Hard; dimples inward when pinched	Benign fibrous nodule, often after an insect bite or ingrown hair
Sebaceous hyperplasia	Small yellowish bump with a central dip, usually on the face	Soft	An enlarged oil gland, harmless
Milium	Tiny hard white bead just under the surface	Firm, does not move	Trapped keratin, harmless
Solar (actinic) keratosis	Rough, scaly red or pink patch on sun-exposed	Sandpapery — often easier to feel than to see	Sun damage that can progress — worth a

	skin		doctor’s opinion
Wart	Rough, sometimes with tiny dark dots	Firm, rough	Viral; can spread and can be passed on

Three practical distinctions from that table are worth carrying:

The dimple sign. Squeeze a firm brown lump on the leg between finger and thumb. A dermatofibroma dimples inward ; most other lesions do not.

The stalk. If you can move it side to side on a narrow base, it is almost certainly a skin tag rather than a mole.

The sandpaper test. Solar keratoses are often felt before they are seen. Run your fingers over sun-exposed skin — forehead, ears, nose, forearms, backs of hands — and note the rough patches.

What moles are

A mole (naevus) is a benign growth of melanocytes, the pigment-producing cells in the skin. They are usually brown, but can be pink, red, black or skin-coloured, flat or raised, with or without hairs. The Australasian College of Dermatologists notes that Australian children commonly have dozens of moles by their mid-teens.

Types

Congenital naevi — present at birth or appearing in the first months. Around 1 in 100 newborns has one. Large congenital naevi carry a higher lifetime melanoma risk and should be monitored by a doctor.

Acquired (common) naevi — the ones that appear through childhood and early adulthood, influenced by genetics and sun exposure. Most people have between 10 and 40.

Dysplastic (atypical) naevi — larger, irregular in outline and uneven in colour. They often run in families. Having many of them raises melanoma risk, and any change in one warrants prompt assessment.

New moles appearing after about age 40 are less usual and are worth having looked at.

The warning signs: ABCDE

Australia has among the highest melanoma rates in the world, and outcomes depend heavily on how early it is found. Check your own skin regularly and ask someone to check your back and scalp.

A — Asymmetry. One half does not match the other

B — Border. Irregular, notched, scalloped or blurred edges

C — Colour. More than one colour, or uneven distribution of colour

D — Diameter. Larger than about 6mm — though melanomas can be smaller

E — Evolving. Any change in size, shape, colour or elevation, or new itching, bleeding or crusting

Two additions worth knowing:

The ugly duckling. Most of your moles resemble each other. The one that looks different from the rest deserves a look, even if it passes ABCDE.

Amelanotic melanoma. Some melanomas have little or no pigment and appear pink, red or skin-coloured. A new, firm, growing lump warrants attention even if it is not brown.

Melanoma can occur anywhere, including under a nail, on the sole of the foot, on the scalp and in genital skin. Check the places you do not normally look.

If anything on your skin is changing, see your GP. That is the fastest route to assessment and, if needed, a dermatologist referral.

A skin check you can actually do

The reason people do not check their skin is that “check your skin” is not an instruction. Here is one. It takes about ten minutes, once a month, in good light with a full-length mirror and a hand mirror.

Face, ears and neck. Include the rims and behind the ears, the nostrils and the lips.

Scalp. Part the hair in sections with a comb, or ask someone. A hairdresser sometimes notices these first.

Hands. Palms, backs, between the fingers, and the nails — a dark streak under a nail that is new or widening needs checking.

Arms. Both sides, then raise your arms and check the armpits and the inner upper arm.

Front of the torso , and for women lift the breasts and check underneath.

Back and shoulders — with the hand mirror, or better, ask someone. The back is where melanoma is most often found in men, and it is the one place you cannot see.

Buttocks and genital skin.

Legs , front and back, then sit down and check the soles, between the toes and the toenails.

Two things make this worth doing rather than performative: go in the same order every time , so you do not skip the awkward areas; and photograph anything you are unsure about with something for scale , so next month’s check is a comparison rather than a memory. See how to photograph a lesion properly .

Who should do this more often, and consider professional skin checks: anyone with fair skin that burns easily, many moles or atypical moles, a personal or family history of melanoma, a history of sunburn or solarium use, long-term outdoor work, long-term immunosuppressive medication, or a previous skin cancer.

What skin tags are

Skin tags (acrochordons) are small, soft, skin-coloured growths that hang on a narrow stalk. They are benign, not contagious, and not a sign of infection. They form where skin rubs — neck, armpits, groin, under the breasts, eyelids and thighs — and are made of loose collagen fibres and small blood vessels under a layer of skin.

They are more common with age, in pregnancy (hormonal change), and in people carrying more weight. Numerous skin tags can be associated with insulin resistance , so if a lot appear together it is reasonable to mention it to your GP — not because the tags are dangerous, but because what they may be pointing at is worth knowing about.

Skin tags are not the same as warts — warts are rough, caused by a virus, and can spread. Anything you are unsure about should be looked at rather than guessed at.

When a skin tag needs attention

It becomes painful, dark or swollen — a tag can twist on its stalk and lose its blood supply

It bleeds repeatedly from catching on clothing or jewellery

It is growing , or changing colour

It is not on a stalk after all, which means it is something else

There are suddenly many of them

Removal, and the rule that governs it

A pigmented lesion that has not been assessed must not be lasered, frozen or burned off. Destructive methods leave nothing to send to pathology and can erase the surface evidence of an early melanoma while the deeper part remains. Anything with any question over it is excised whole and tested.

Assessment first. Then:

Surgical excision — the lesion is removed in full under local anaesthetic, closed with sutures, and sent for pathology. The method for anything suspicious or changing. Leaves a linear scar.

Radiofrequency shave — a fine handpiece removes a raised, clearly benign lesion level with the skin and seals the base. Suitable for skin tags and raised benign naevi; tissue can still be sent for pathology. Because it removes only what is above the surface, pigment can return.

Cryotherapy — liquid nitrogen, appropriate for confidently diagnosed benign lesions such as skin tags, seborrhoeic keratoses and solar keratoses. Not used on pigmented moles. Often leaves a pale mark, particularly on darker skin.

Snip excision — small scissors under local anaesthetic, commonly used for skin tags.

Full detail, including why an excision scar is longer than the mole and how to read a pathology report: how to remove a mole .

Risks of removal

Bleeding — more likely on blood thinners. Infection, which is the main risk once the skin is open; follow the wound care instructions. Scarring, which is permanent, though usually small. Recurrence: a shaved naevus can regrow pigment, and a skin tag can form again where skin continues to rub.

Any pigment returning at the site of a previous removal should be assessed promptly — it is usually benign regrowth, but it can look like, and occasionally be, something more serious, which is why it is never assumed.

Do not remove them at home

Nail clippers, scissors, thread, freezing kits, wart preparations, bleaching agents, tea tree oil and apple cider vinegar all carry the same problems: infection, bleeding, chemical burns and unnecessary scarring.

And the serious one — if the lesion was not what you assumed, you have destroyed it without a diagnosis. There is no safe way to do this at home.

The same applies to the products sold online as mole or tag removers. They work by destroying tissue with an acid or a caustic agent, they do not distinguish between a skin tag and a melanoma, and the scar from a chemical burn is usually worse than the scar from a proper removal.

At Me Clinic

Our doctors assess and remove skin lesions, and anything with any question over it goes to pathology. We do not have a dermatologist on staff. Where specialist dermatological assessment, skin cancer management or complex reconstruction is required, we refer you on. Your GP can also refer you directly.

Mole removal consultation $150, skin assessment $50, including GST, as at September 2024. Removal is quoted after assessment. We are not a no-gap provider. Me Clinic, 4 Burke Road, Malvern East VIC 3145. Phone 1300 852 050 or (03) 9569 3511.

No one can diagnose a skin lesion from a photograph. An online enquiry is a way to book, not a way to be assessed.

Common questions about moles and skin tags

What is a mole?

A benign growth of melanocytes, the pigment-producing cells in the skin. Usually brown, but they can be pink, red, black or skin-coloured, flat or raised, with or without hairs.

How many moles is normal?

Most people have between 10 and 40 acquired moles, and Australian children commonly have dozens by their mid-teens.

What are dysplastic naevi?

Larger, irregular, unevenly coloured moles that often run in families. Having many raises melanoma risk, and any change in one warrants prompt assessment.

Should a new mole at 45 be checked?

Yes. New moles appearing after about age 40 are less usual and worth having looked at.

How do I tell a skin tag from a mole?

A skin tag is soft, skin-coloured and hangs on a narrow stalk, so it moves side to side. A mole sits in the skin rather than on a stalk.

What is that firm brown lump on my leg?

Possibly a dermatofibroma, which characteristically dimples inward when pinched. Have it confirmed rather than assumed.

What is a waxy, stuck-on looking growth?

Most often a seborrhoeic keratosis — a harmless age-related growth, not a mole.

What is a small bright red dome?

Usually a cherry angioma, a benign cluster of small vessels that becomes more common with age.

What is a rough patch I can feel more than see?

Possibly a solar keratosis — sun damage that can progress, and worth a doctor’s opinion.

What is the ABCDE check?

Asymmetry, Border irregularity, Colour variation, Diameter over about 6 mm, and Evolving — change in size, shape, colour or elevation, or new itching, bleeding or crusting.

What is the ugly duckling sign?

Most of your moles resemble each other. The one that looks different deserves a look even if it passes ABCDE.

Can a melanoma be pink?

Yes. Some have little or no pigment and appear pink, red or skin-coloured. A new, firm, growing lump warrants attention even if it is not brown.

How should I check my skin?

Monthly, in good light with a full-length and a hand mirror, in the same order every time: face and ears, scalp, hands and nails, arms and armpits, front of torso, back and shoulders, buttocks and genital skin, legs, then soles and toes.

What is the hardest place to check?

The back — which is where melanoma is most often found in men. Ask someone.

Should I photograph anything?

Yes, with something for scale, so next month is a comparison rather than a memory.

Who should check more often?

Anyone with fair skin that burns, many or atypical moles, a personal or family history of melanoma, sunburn or solarium history, outdoor work, long-term immunosuppression, or a previous skin cancer.

What causes skin tags?

Friction where skin rubs. They are more common with age, in pregnancy and in people carrying more weight.

Do many skin tags mean anything?

Numerous skin tags can be associated with insulin resistance, so it is reasonable to mention a sudden crop to your GP.

When does a skin tag need attention?

If it becomes painful, dark or swollen; bleeds repeatedly; is growing or changing colour; is not actually on a stalk; or if many appear at once.

What is the rule about removal?

A pigmented lesion that has not been assessed must not be lasered, frozen or burned off, because destructive methods leave nothing for pathology.

What are the removal methods?

Surgical excision, radiofrequency shave, cryotherapy for confidently benign lesions, and snip excision for skin tags.

What if pigment comes back where something was removed?

Have it assessed promptly. It is usually benign regrowth, but it is never assumed.

Can I remove a skin tag at home?

No. Clippers, thread, freezing kits and acid or caustic removal products risk infection, bleeding, chemical burns and scarring — and destroy the lesion without a diagnosis if it was not what you assumed.

Does Me Clinic have a dermatologist?

No. Where specialist dermatological assessment, skin cancer management or complex reconstruction is needed, we refer you on, and your GP can refer you directly.

Can you tell me what it is from a photo?

No. Nobody can diagnose a skin lesion from a photograph.

Individual results may vary. Any surgical or invasive procedure carries risks. Before proceeding you should seek a second opinion from an appropriately qualified health practitioner.