

The treatment approach of tattoo-heavy metal's dye inducing acute ulcerative skin lesion

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ABSTRACT

The occurrence of tattoos -heavy metal's dye with associated adverse skin reaction markedly increased in the last two decades. A 29 years old female was suffering from persistent ulcerative crater lesion on her upper left hand in middle area of orange to red decorative tattoos near the shoulder joint due to underwent to Magnetic Resonance Imaging (MRI) after car accident. Complete healing of ulcerative lesion was achieved by application treatment protocol combined of antibiotic, cortisone and topical AQUACEL Ag foam/surgical (convaTec) wound dressing. Tattoos heavy metal-dye may induce skin reaction starting from simple inflammatory reaction to end up with breakdown of persistent skin reaction. Alongside regulation, standardization is an important element for

implementation of high quality requirements for tattoo inks and tattoo. A tattoo is the result of the deposition of exogenous pigment into the skin. This may be purposeful or accidental. Accidental tattoos may occur after abrasion injuries introducing asphalt, graphite, or carbon into the injured skin. Rarely, medically induced tattoos have developed after the use of ferrous sub sulfate solution (Monsel's solution) for coagulation purposes. While traumatic tattoos are not rare, decorative tattoos are more common. Tattooing has been practiced for thousands of years for purposes of identification, group affiliation and protection, and artistic expression. Tattooing is getting increasingly popular among the young. However, not everyone is suited to getting tattooed. Indeed, it is not rare for patients with a chronic skin disease or another systemic condition to be eager to get a tattoo.

INTRODUCTION

They perceive tattooing as a harmless, risk-free procedure. Therefore, some patients may not seek medical advice before the procedure. Some also fear a judgmental approach by their physician, who may try to discourage them. Lastly, the tattooist does not have either the training or the education to properly advise a customer about his/her condition. Therefore, it is important that any physician be able to provide adequate counseling regarding the possibility of getting tattooed and under which conditions. Even though an exhaustive list is impossible to address, the main issues include chronic skin disorders, pigmented lesions of the skin, (congenital) heart disease, immunosuppressive diseases and treatments, blood clotting disorders, and pregnancy/breastfeeding.

The contraindications for tattooing are by far one of the most important questions regarding customers' safety. This question is also paradoxically the most underrepresented in terms of medical publications. In our experience, too many physicians tend to quickly judge and contraindicate tattooing for patients, without any real data to support such a position. From our point of view, there is no strict contraindication to getting a tattoo done; however, there is a certain nu-

mer of situations in which individuals who want to get a tattoo should first seek medical advice to determine whether or not they can get one and, if so, under which conditions they can get it. In our daily experience, we are often contacted by professional tattooists or patients, usually with common skin conditions such as psoriasis, atopic dermatitis, or eczema, to find out whether the patients' skin is suited to be tattooed. However, we have also had to answer questions about more uncommon situations and patients with rarer conditions, such as cirrhosis, renal graft, angiomas, the Sutton phenomenon, von Willebrand disease, or even pseudoxanthoma elasticum or xeroderma pigmentosum! Therefore, it is impossible to be fully exhaustive regarding all skin and systemic conditions to consider when deciding whether or not someone can get a tattoo. This chapter intends to summarize the most frequent situations and questions that a physician may have to deal with. From our perspective, every physician should know about these situations and be able to deliver correct and honest information to a patient who wants to get a tattoo. The main risk for patients with chronic skin disorders when getting tattooed, which is often a matter of concern for them, is the development of the very same lesion at the site of the tattoo, e.g. the Köbner phenomenon.

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Advising our patients with chronic skin disorders who want to get a tattoo is challenging. With the multitude of possible skin disorders, no one can predict whether a specific condition may lead to Köbnerization. The risk of Köbnerization for one disease varies from one patient to another. Meanwhile, some patients use tattooing as a way to camouflage skin lesions (scars, extended vitiligo, etc.) and/or to regain control of their body and cope with their (disfiguring) disease. The potential beneficial effects of tattooing should not be neglected. Therefore, advice about the disease should be given on a case-by-case basis, especially if the 'well-being' benefits are underlined.