Tatoo and Complications: Some Cases during Everyday Practice

Orjana Dervishi¹, Migena Vargu², Brunilda Bardhi³, Violeta Dajci⁴, Edmond Puca⁵, Monika Fida⁶, Erjona Shehu⁷

^{1, 3, 4} Dermato-Venerology Clinic, Tirana, Albania

^{2, 6, 7} University Hospital Center "Mother Teresa", Tirana, Albania

⁵Department of Infectious Diseases, University Hospital Center "Mother Teresa", Tirana, Albania

Abstract: Doing a tattoo is a well known procedure since ancient time for religion or esthetic purpose. A tattoo is the application of the ink into the skin. It is realized with a needle or not and with permanent or non permanent inks. This procedure is followed by different side effects or complication. In this paper we show some different complications after the application of a tattoo or after the procedures for tattoo removal. As the popularity of tattooing continues to rise, so in this away is rise and the potential complications and adverse effects. Our aim is to present the risks and the complications after doing a tattoo and after procedures for tattoo removal. In this paper we report some of our clinical cases of different complications after doing a temporally or permanent tattoos, and after laser application for tattoo removing. These risks might be: infections (bacterial or viral), inflammatory reactions, allergic dermatitis, keloids or hypertrophic scars. We have reported either some dermatologic disease localized in the tattoo.

Keywords: tattoo, complications, Laser complications, removing.

1. Introduction

A tattoo is the application of the ink through a needle or not in the skin. Doing a tattoo for cosmetic purpose, mentality, fashion and religion has been a habit for eon of years in many countries. The word tattoo derives from "tatau" the Tahitian word for "to strike". The first tattoo machine was inverted in 1890 and this procedure was high in popularity in UK and USA during the 20th century (1). Some of these tattoos are permanent and some are done with hena ink that keeps some weeks. The presentation of the foreign substance in the skin and the contact with the needle can cause some side effects and complication. Either the way of the elimination of the tattoo can cause complications. The incidence of their complications is rising (2,3). In Albania doing a tattoo is the latest trend among young people. During the communist regime in Albania tattoo were done mostly by men in army or sailors. Actually is becoming more frequent among young people of both sexes. Our public health investigation could not confirm the point of contamination. Between these papers we are sharing our experience about tattoo complications.

2. Cases Reports

Case Nr 1: The development of sarcoidosis after tattoo application: elements localized on the ankles two years after the tattoo in a woman 37 years old. The diagnosis of sarcoidosis was made by biopsy. In this clinical case manifestation of sarcoidosis do not appear to be related to systemic sarcoidosis, but it is a sarcoidal reaction to a foreign body.



Figure 1: Reddish – purple papules and nodules arranged in an annular pattern around tattoos.

Case Nr 2. A 12 years old patient with allergic contact dermatitis with erythematous papules, vesicles and slightly scaly appears 4 days after a temporary tattoo.



Figure 2: Allergic contact dermatitis with erythematous papules, vesicles and slightly scaly

Case Nr 3. Patient that never has noticed any psoriatic lesion in the body was diagnosed with Psoriasis vulgaris after a tatto.



Figure 3: The presence of Koebner fenomenon after the trauma of doing a tattoo

Case Nr 4. The formation of Keloids after laser application for removing the tattoo. Keloids looks shiny and domeshaped ranging in color from pink to red.



Figure 4: Keloids after laser application for removing the tattoo

Case Nr 5. Disfigurement after laser remuving of a tattoo.







Figure 5: Disfigurement after laser remuving

3. Discussions

The complication of doing a tattoo or the procedure for tattoo removal can be associated with different complications that can be classified as infection, immunologic reaction or others. Although significant infection secondary to tattoos is currently unusual, infection may be introduced into the skin during the breach of the epidermal barrier. The sourses of the infections might be: the tatto needle, the person who do the tattoo, the ink, the water used for the diluation, higenic conditions after the tatto (4). Today localized infection secondary to gram-positive bacteria are noticed frequently resulting in impetigo, pyogenic infection, and fascit necrotisant. Transmission of tuberculosis, syphilis, leprosy, hepatitis, and HIV has also been recorded (4). By using a previously used and infected tattoo needle, inoculation and person-to-person transmission of viruses, including vaccinia and human papilloma virus, coxagia have been reported (5). Another complication of tatoo removing is and allergic contact dermatitis like in our Fig 2. This last especially caused by the pigment in the ink of the tattoo or either by the needle are noticed and reported (1,6). It might happen days, months and either years after the tattoo have been done. There are reported especially cases with allergic contact dermatitis (ACD) by henna (paraphenyldiamine) or organic temporary inks, and most often ACD caused by red ink (red dyes and mercur) (7). Regarding to the ACD caused by black ink there have been reported a fewer number of cases (8-10). With time passing there are different motives and different ways for tattoo removal (11). The way of removing a tattoo is: Grafting-Surgery, Laser, local destruction (dermoabrasion), thermal destruction (cigarettes, hot needle, burning), infrared coagulation, chemical peels (TCA, Phenol). Laser tattoo removal is an adequate modern way of removing a tattoo. The lasers that are used for this purpose are Q- switched, CO₂ ablative, Erbium. Removing a tattoo with laser is a long procedure and needs an unpredicted number of seances. It costs a lot, is painful and sometimes is not esthetically good. Some tattoo colored such are red and yellow are particularly difficult to remove. Although black tattoos are more easily treated, multiple sessions are necessary and transient hypopigmentation is a common side effect. Side effects and complications could be: burn, transient or not hypopigmentation, postinflamatory hyperpigmentations, scars or keloids. Sometimes it might happen a bullous reaction just after or some days after the laser therapy. There have been reported vary rarely either transient localized lympadenopatiThe Q-switched ruby laser however remains the best treatment option for tattoo removal. Late hypersensitisation against tattoo pigment it might cause a pseudolimfomatos reaction (13). Pseudolymphoma can be developed after the exposure against different foreign substances such are insect bite, agopuncture, different injection, tattoo (12,13). Mostly pseudolymfoma is induced most often after a red tattoo, rare in green and blue tattoo (15). The clinical elements were similar to elements of lymphoma B and the differences diagnoses must be done by histopathology and imunohistochemistry. Sarcoidosis is an autoimmune disease of unknown etiology characterized by the presence of non-caseating epithelioid cell granulomas in multiple organs. Cutaneous sarcoidosis occurs in approximately 25% of the cases. Sarcoid reactions on old scars, traumatized skin sites and around embedded foreign material have long been observed (16). For the past 70 years, sarcoidal granulomas on tattoos and permanent make-up have also been documented. Granulomatous and sarcoidal tattoo reactions may be the first and sometimes only cutaneous manifestation of systemic sarcoidosis (16,17). A tatoo can mask the presence of different skin cancers in the tatoo or around it. There is no evidence correlation between cancer of the skin and tatoo. In the literature have been reported few cases diagnosed with melanoma in the tattoo. The combination of indian ink and radiation it was supposed to have oncologic peculiarities (18). There are reported some cases of keratoacantoma on the red tattoo or tattoo with different multiple colors (19).

4. Conclusions

Making a tattoo is an aesthetic procedure accompanied with different complication and some of them life threatening. These cases are examples of the most risks adverse reactions after the tattoo making during everyday practice in our country. So our advice is to take care about doing and removed of tattoo.

References

- [1] Montgomery DF, Parks D. Tattoos: Counseling the adolescent. J Pediatr Health Care 2001; 15:14.
- [2] Sanghavi SA, Dongre AM, Khopkar US. Tattoo reactions-an epidemic on the surge: A report of 3 cases. Indian J Dermatol Venereol Leprol. Mar-Apr 2013;79(2):231-4.
- [3] Ortiz AE, Alster TS. Rising concern over cosmetic tattoos. Dermatol Surg. Mar 12;38(3):424-9
- [4] Haley RW, Fischer RP. Commercial tattooing as a potentially important source of hepatitis C infection; Clinical epidemiology of 626 consecutine patients unaware of their hepatitis C serologic status. Medicine (Baltimore) 80:134, 2001.
- [5] Nishioka SA, Gyorkos TW. Tatoos as risk factors for transfusion-transmitted diseases. Int J Infec Dis 5:27,2001.

Volume 4 Issue 7, July 2015 www.ijsr.net

- [6] Lauchl S, Lautenschlager S. Contact dermatitis after temporary Henna tatoos- An increasing phenomenon. Swiss Med WKLY 131:199,2001.
- [7] Jovanovic DL, Slavkovic-Jovanovic MR. Allergic contact dermatitis from temporary henna tattoo. J Dermatol. Jan 2009; 36(1):63-5.
- [8] Gallo R, Parodi A, Cozzani E, Guarrera M. Allergic reaction to India ink in a black tattoo. Contact Dermatitis. Jun 1998;38(6):346-7.
- [9] Tope WD, Arbiser JL, Duncan LM. Black tattoo reaction: the peacock's tale. J Am Acad Dermatol. Sep 1996;35(3 Pt 1):477-9.
- [10] Treudler R, Tebbe B, Krengel S, Orfanos CE. Allergic Contact dermatitis from black tattoo. Contact Dermatitis. Dec 1997; 37(6):295.
- [11] Armstrong ML, Roberts AE, Koch JR, Saunders JC, Owen DC, Anderson RR et al. Motivation for contemporary tattoo removal. Arch Dermatol 2008;144-879-84
- [12] Izikson L, Avram M, Anderson RR. Transient immunoreactivity after laser tattoo removal: report of two cases. Lasers Surg Med. 2008; 40. 231- 2.
- [13] Patrizi A, Raone B, Savoia F, Bacci F, Pileri A, Gurioli C, et al. Tattoo-associated pseudolymphomatous reaction and its successful treatment with hydroxychloroquine. Acta Derm Venereol. 2009;89(3):327-8.
- [14] Rijlaarsdam JU, Bruynzeel DP, Vos W, Meijer CJ, Willemze R. Immunohistochemical studies of lymphadenosis benigna cutis occurring in a tattoo. Am J Dermatopathol. Dec 1988;10(6):518-29.
- [15] Korneili T, Nell V, Moy RL, Cutaneous sarcoidosis at sites of previous laser surgery. Cutis 2004 Jan; 73 (1): 53-5.
- [16] Hassam B, Heid E. Cutaneous sarcoid reaction in totoo scars: four cases two with sistemic involment. Tunis Med. 1992 Dec; 70(12):587-9.
- [17] Soroush V, Gurevitch AW, Peng SK. Malignant melanoma in a tattoo: case report and review of the literature. Cutis. Mar 1997;59(3):111-2.
- [18] Goldenberg G, Patel S, Patel MJ, Williford P, Sangueza O. Eruptive squamous cell carcinomas, keratoacanthoma type, arising in a multicolor tattoo. J Cutan Pathol. Jan 2008;35(1):62-4.
- [19] Kluger N, Minier TC, Plantier F. Keratoacanthoma occurring within the red dye of a tattoo. J Cutan Pathol. May 2008;35(5):504-7.