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## RED INK IS THE BIG PROBLEM IN TATTOOS

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A 50 year old man developed a pruritic nodular skin reaction in the red component of a 5 year old tattoo on his left shoulder, contributed to sun exposure. It was accompanied with an eczematous reaction on both lower arms and hands. Other multi-colored tattoos didn't show any reaction. A foreign body reaction was found on histological examination. Initial treatment with local, intralesional and systemic corticosteroids and cyclosporin was not effective. With sun protection and local antibacterial treatment, regression of the eczema and a flattening of the nodules was obtained. Later on spontaneous ulceration, from with *Streptococcus dysgalactiae* was cultured, erupted. After 4 weeks treatment with systemic and local antibiotics, the lesions improved.

The last decades tattoos gained a lot in popularity. Dermal injection of tattoo pigment isn't without danger. Both inflammatory and infectious complications are numerous. Photosensitivity has been reported. Many, but not all of the pigment-based inflammatory reactions occur in the red areas of tattoos. Histology may show a lichenoid, pseudo-lymphomatous or granulomatous infiltrate either of the foreign body type or hypersensitivity type. The use of non-sterile materials enhance the risk of infections. Recent reports suggest atypical mycobacteria as an important cause of tattoo-related granulomatous infections. When encountering tattoo-induced complications, infections as well as hypersensitivity reactions need to be excluded. This is important even in long lasting tattoos.