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CHRONIC TATTOO REACTION: PROPOSAL OF A MANAGEMENT ALGORITHM

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Aim: To propose a simple flowchart to help dermatologists and general practitioner in the decision making process from the diagnosis to the treatment of a patient presenting for the first time for a tattoo reaction.

Methods: Flow-chart was established based in the author's personal experience of tattoo reactions and extensive review of the litterature.

Results: A "chronic tattoo reaction" was arbitrarily defined as a visible or palpable, asymptomatic, itchy or painful, skin reaction occurring within at least one colour or one part of one tattoo of a patient and lasting over 3 weeks to 1 month, irrespective of the delay of reaction after tattooing. Dermatologist should inquire about chronic dermatoses, diseases with potential skin involvement, reactions on previous tattoos and about similar cases in the tattoo shop. A proper clinical evaluation of the lesions is mandatory. A biopsy is usually unavoidable. Sarcoidal or foreign-body granulomas should prompt to look for sarcoidosis and a lichenoid infiltrate for lichen planus. A thickened epidermis can predict a poor response to local corticosteroid ointments by lack of penetration. Patch testing should be avoided because of lack of sensitivity/specificity and of impact in the therapeutic management. Therapies include corticosteroid ointments, corticosteroid infiltration, tacrolimus, Q-switched laser removal (under local treatment to prevent the exceptional "systemic" reactions) or surgery. The reaction may last until the culprit component is eliminated, therefore maintenance regimen could be necessary.

Conclusion: The following algorithm provides useful tools to allow a physician to have an adequate first line management of a chronic tattoo reaction.