

In 1871, Charles Darwin wrote in his publication 'The Descent of Man' "that there was no country in the world that did not practise tattooing or some other form of permanent body decoration." One hundred and fifty years later, in a 2021 UK survey, it was found that 35% of United Kingdom citizens aged 30-39 have tattoos, an increase on the results of a 2015 survey that reported that a fifth of all British adults were inked.

The trend for body art will no doubt continue, which potentially causes a dilemma for anyone with a skin condition such as psoriasis. To ink or not to ink is a personal choice, but one which might be influenced by how your skin will react. *Clinical, Cosmetic and Investigational Dermatology* (Rogowska et al), conducted by researchers at the Department of Dermatology, Venereology and Allergology, Faculty of Medicine, Medical University of Gdansk in Poland, concluded for psoriatics:

"...that dermatological counselling is recommended for patients considering getting a tattoo...". They further suggested that doctors should offer to *"...advise them on choosing the best time for tattooing and the safest location for the tattoo on the body..."*

There are potential risks associated with tattoos for people with active psoriasis, called Koebner's phenomenon. In some people with psoriasis, trauma to the skin – including cuts, bruises, burns, bumps, vaccinations and tattoos – can cause a flare-up of psoriasis symptoms either at the site of the injury or elsewhere.

The researchers recommended: *"... tattooists should be educated about the possible health complications connected with tattooing and on the precautions that should be followed."*

Furthermore, *"... a standardised questionnaire, inclusive query about the client's medical history and medications, could be implemented by tattooists for the benefit of the whole tattoo-society."*

It was also expressed that every patient under systemic treatment who is willing to get a tattoo should have an individual assessment of its risks performed by a doctor.

The published results on the anonymous online survey from 150 tattooed psoriatics indicated:

- Only 8% sought medical advice before getting a tattoo
- 15% were receiving systemic psoriasis treatment when undergoing the tattooing procedure, 5% methotrexate, 3% cyclosporine A, 1% acitretin and 6% biological therapy
- 9% of the participants experienced complications associated with their tattoos, among which featured the insurgence of the Koebner phenomenon on the tattoo site
- Interestingly, 50% said getting tattooed improved their self-esteem.

In conclusion from this small study, with careful support from doctors and timing when to have a tattoo, it can be done successfully, but it's still not without risks, and perhaps careful consideration should be taken before going ahead.

Reference:

Rogowska P, Walczak P, Wrzosek-Dobrzyniecka K, Nowicki RJ, Szczerkowska-Dobosz A. Tattooing in psoriasis: A questionnaire-based analysis of 150 patients. *Clin Cosmet Investig Dermatol*. 2022;15:587-593. doi:10.2147/ccid.s348165

