

To ink or not to ink

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 Gdańsk in Poland, concluded for psoriasis:

“*...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 psoriasis 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

