Tattoos and moles

How to plan a tattoo in case of moles, atypical moles and melanoma?

The aim of this leaflet
This leaflet is designed to help individuals and tattooists to understand about the risks of tattooing over moles. It provides helps and guidance for patients with numerous moles or a past history of melanoma to know where they can get a tattoo on their body
Tattoos and moles.
How to plan a tattoo in case of moles, atypical moles and melanoma?

What is a mole?
A mole, also known as a naevus, is a benign growth on the skin. It typically appears as a small, dark spot or bump and is caused by clusters of pigment-producing cells called melanocytes. They appear during a person’s youth (as a toddler, child, adolescent, young adult), more rarely can be present at birth. Moles can vary in size, color, and shape. They are usually harmless. When some present atypical features regarding the size, shape or color, they are called atypical moles.

Why do moles require special attention?
While many moles (naevi) are harmless they do require special attention as they can sometimes transform into a skin cancer called melanoma. While the majority of moles are benign, changes in size, shape, color, or texture may indicate malignant transformation. Monitoring and evaluation by a general practitioner or a dermatologist are essential to detect any suspicious changes early and to ensure timely intervention when needed.

Do some people have a higher risk of developing melanoma?
Certain individuals have a higher risk of developing melanoma. Factors that increase risk include a history of excessive sun exposure or sunburns, having fair skin, light-colored eyes, and a large number of moles or atypical moles. Additionally, a personal or a family history of melanoma, a weakened immune system, and genetic predispositions can also elevate the risk. Regular skin examinations and sun protection measures are particularly crucial for individuals with these risk factors.

What is the risk of having a tattoo on a mole?
Having a tattoo over a naevus (mole) can complicate the detection of changes in the mole’s appearance, potentially hindering the early detection of skin cancer. Tattoos can obscure the visibility of the mole and make it more challenging to monitor for signs of malignant transformation, such as changes in size, shape, or color. Therefore, individuals with moles, considering getting tattoos, should consult with a dermatologist to assess the risks and discuss appropriate monitoring strategies.

Anecdotally damaging a mole may lead to irritation which as such is not life threatening. But if excision is required it will end up in unnecessary scarring of the tattooed area.
The tattooed customer can also take regular pictures (photo documentation) to facilitate the check-ups of the moles.

In case of any doubt, a consult with your physician or your dermatologist is recommended.

What to do if you have numerous moles?
If you have numerous moles (naevi) on your body and are considering getting a tattoo, it’s important to be aware of the potential risks and take precautions to minimize them.

One of the main risks is that the tattooing process could damage one, therefore it may cause irritation or inflammation of the mole. Traumatizing a mole by tattooing will not lead to melanoma, but it will prompt its surgical removal for safety purpose in case of clinical or dermatoscopic changes. Besides tattooing on moles or too close to it will make it harder to detect changes that could indicate skin cancer.

To reduce these risks, it’s a good idea to consult with a dermatologist before
While every effort has been made to ensure that the information given in this leaflet is accurate, not every treatment will be suitable or effective for every person. Your own clinician will be able to advise in greater detail.

What to do if you have numerous atypical moles (e.g. dysplastic naevus syndrome)?

Atypical mole syndrome, also known as dysplastic nevus syndrome, is a condition characterized by the presence of multiple moles that have irregular shapes, colors, and sizes, compared to normal moles. These atypical moles may increase the risk of developing melanoma. Individuals with atypical mole syndrome should have regular skin examinations by a dermatologist to monitor any changes in their moles and detect any potential skin cancer early.

The very same advice as previously applies.

It is also discouraged to get a tattoo over the scar of a removed dysplastic naevus.

What to do if you have had a cutaneous melanoma?

Individuals with a history of melanoma should consult with their healthcare provider or dermatologist before getting a tattoo. The dermatologist can examine your moles and advise you on the best course of action. You may also want to consider getting a tattoo in an area of the body where there are fewer moles and avoid tattooing over any moles altogether.

The surgical scar of the melanoma should never be tattooed and should remain clear for regular inspection.

Tattooing could hide a possible local relapse in the scar.

Regarding the tattoo design, it is suggested to avoid large areas of fully dark/black color and to favor small tattoos with light colors or lines rather than fully colored black sleeves for instance.

Individuals with a history of melanoma should be vigilant about monitoring their skin for any changes, including new moles, growths, or changes in the appearance of existing moles. If any changes are noted, they should contact their healthcare provider immediately.

General rules of precautions for the tattooists

- Do not tattoo on a mole
- Do not tattoo in any unknown skin lesion
- Avoid filled tattoos in areas with many atypical naevi especially in young people because these people tend to develop more moles later in adulthood.
- Prefer light tattoos with lines, which allow easier visibility for the tattooed individual and facilitates examination for the dermatologist
- Do not tattoo over the surgical scar of a previous mole. Moles can sometimes recur, if not entirely removed.
- Do not tattoo over the surgical scar and in the vicinity of a previous excised melanoma, neither in the lymphatic drainage area because this should be inspected on regular basis for recurrence and potential metastatic lesions.

While every effort has been made to ensure that the information given in this leaflet is accurate, not every treatment will be suitable or effective for every person. Your own clinician will be able to advise in greater detail.