

Information Leaflet
for Patients

Tattoos and atopic dermatitis



The aim of this leaflet

This leaflet is designed to help patients with atopic dermatitis, who are planning to get a tattoo, to know when and how they can get a tattoo on their body.

Tattoos and atopic dermatitis

Can I get a tattoo with atopic dermatitis?

Living with atopic dermatitis (AD) does not preclude you from getting a tattoo. A couple of studies have recently shown that a proportion of patients with AD had one tattoo or more. You can get tattooed in any area that is not affected by AD.

What complications am I exposed to with atopic dermatitis?

You are exposed to the same complications as the general population.

These complications may include, but are not limited to:

- Contact eczema due to an after-care product applied during tattoo healing.
- Delayed healing in the area of the tattoo.
- A blurry halo around the tattoo caused by ink diffusion into the subcutaneous fat.
- A local infection after tattooing, which can be bacterial or, more rarely, viral, fungal, or parasitic.
- An allergic reaction to a specific pigment, leading to chronic itchy bumps or lumps.
- Bumps and lumps within black tattoos (known as granulomas or chronic inflammatory reactions to black tattoo ink).
- Unsatisfactory aesthetic results.
- Tattoo regrets.

Am I exposed to a higher risk of local infection?

Even though the skin of AD patients carries often *Staphylococcus* bacteria such as *Staphylococcus aureus*, there is no data supporting that AD patients are more prone to infection on recent tattoos. An individual with AD is not exposed to a higher risk of local infection as long as the tattoo has been performed by a professional in a tattoo parlor under proper rules of hygiene and asepsis.

Can I get a tattoo if I have an active atopic dermatitis?

As a commonsense rule, patients with active AD should not get tattooed before the skin condition is treated and stabilized.

Can I experience a flare of atopic dermatitis after getting a tattoo?

Flares of eczema after tattooing are exceedingly rare

Can I develop atopic dermatitis lesions within a tattoo?

During your life, you may develop coincidental patches of AD over your tattoos. The treatment is the same as on plain skin. You can apply local corticosteroids or calcineurin inhibitors without any risk for the tattoos.

Can I get a tattoo if I have nickel allergy?

Traces of nickel can be found in tattoo inks as impurities and sometimes in tattooed skin. Needles could also be another source of nickel. The Council of Europe bans the presence of nickel at high levels in tattoo inks, which is a safety net for individuals with nickel allergy. The role of nickel allergy in tattoo ink allergy is still unclear. For such reason, there is no contraindication for a getting a tattoo. If you have serious concerns about getting a tattoo because of a history of nickel allergy, a black tattoo is preferable as black inks are less likely to cause tattoo allergy, and they tend to contain less nickel.

Can I get a tattoo while I am taking a systemic treatment such as methotrexate or cyclosporine?

Tattoo should be performed when AD is under control and systemic treatment kept at a minimum stable dosage. You should discuss with your treating dermatologist beforehand.

Can I get a tattoo while I am taking dupilumab?

To date there have been no complications reported after tattooing in a patient being treated with dupilumab. You can get a tattoo under dupilumab when AD is under control. You should discuss with your treating dermatologist beforehand.

Can I get a tattoo while I am taking an oral JAK inhibitor?

To date there have been no complications reported after tattooing a patient under a JAK inhibitor. You can get a tattoo under a JAK inhibitor when AD is under control. You should discuss with your treating dermatologist beforehand.

General advice to patients with atopic dermatitis who plan to get a tattoo

- Get a tattoo done by a professional tattoo artist in a tattoo parlor.
- Avoid home or garage tattooing ("scratching"), even if performed by a "professional."
- Inform the tattooist of your treatment and of the agreement of the prescribing doctor.
- If you have known contact allergies (e.g. to disinfectant or cosmetics), you should inform the tattooist, and check that only appropriate products are applied on the skin. If you do not find any suitable aftercare product, dry healing without any cream is an option.
- The tattooist should be trained for hygiene and asepsis. The EN 17169:2020 Tattooing – Safe and hygienic practice has been published in January 2020. It specifies hygiene requirements before and during tattooing and for aftercare. It gives guidelines for tattooists and their routine interactions with clients and public authorities. It gives guidelines for the correct procedures to be used to ensure optimum protection of the client, the tattooist and others in the tattoo work area.
- Follow the after-care procedure and respect the advice, as given by the tattooist. There is no reason to apply an antiseptic as a preventive measure.
- Do not get a tattoo if you are under immunosuppressive treatment (methotrexate, cyclosporine, oral corticosteroids), dupilumab or JAK inhibitor without the supervision of your treating physician.
- Consult your GP or your dermatologist in case of an unusual reaction after tattooing.
- Significant number of people with tattoos experience some level of regret about their tattoos. The reasons for regret can vary widely. However, complete removal is not guaranteed. Complications may include hypertrophic or atrophic scarring. The current best treatment of tattoo removal is using a laser with specific wavelengths targeting pigments in the skin. Tattoo laser removal should be performed by a specialist with a good experience with tattoo removal.

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.