



EUROPEAN  
ACADEMY OF  
DERMATOLOGY &  
VENEREOLGY

Information Leaflet  
for Patients

# Tattoos and hidradenitis suppurativa



## The aim of this leaflet

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

# Tattoos and hidradenitis suppurativa

## Can I get a tattoo with Hidradenitis suppurativa?

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

### What complications am I exposed to with hidradenitis suppurativa?

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 clinical presentation of HS is reminiscent of bacterial infection and different bacteria specimens can be found in deep tissue samples, there is no data supporting that HS patients are more prone to infection on recent tattoos. An individual with HS 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 boil/abscess?

Because of the bacterial contamination of the lesions, to keep

the tattoo station as clean as possible, and as a commonsense rule, it is recommended to avoid getting a tattoo when HS is active/ unstable, particularly in an acute stage of flaring with abundant secretion. Besides, painful lesions may render the tattoo session more uncomfortable or difficult. In this case, you should reschedule the appointment until the flare subsides.

However, if the active lesion is limited, properly covered with an occlusive dressing, and the tattoo is planned at a safe distance from the affected area, the session can be performed as long as you feel able to go through with it.

### Can I get a tattoo on an area of HS?

Areas that may be affected by HS include mainly axillary, inguinal, and anogenital regions, but also the lesions can occasionally extend beyond these areas and appear around the anus, on the buttock, the thighs, or on the breast in females.

You can get a tattoo on an area of HS, if the area is devoid of any active painful, inflamed or suppurative boils, abscess or draining fistula. However, you have to keep in mind that you might develop HS lesions in the future on the same tattooed area.

Tattoos can be performed on healed surgical scars older than 6 to 12 months.

### Can I experience a flare of HS after getting a tattoo?

Flares of HS are usually unpredictable. The occurrence of a flare of HS after tattooing is to be considered as fortuitous.

### Can I develop HS lesions within a tattoo?

There is no risk to develop HS within a tattoo that has been done in non HS prone area (HS prone areas are mainly axillae, groins/inguinal folds, inner side of thighs, buttocks, lower part of the breasts and pubis)

If you have got a tattoo in an area than can be affected by HS, the development of HS lesions within the tattoo may happen or not. If boils or abscesses appear shortly after tattooing, a local bacterial infection should be considered first before suspecting an HS flare-up.

### Can I get a tattoo while I am taking oral antibiotics?

You can get a tattoo under oral antibiotics (cyclines or others), if there are no active painful, inflamed or suppurative boils, abscess or draining fistula or that you have an occlusive wound dressing, and you can tolerate the session.

### Can I get a tattoo while I am taking acitretin or isotretinoin?

Acitretin and isotretinoin are both retinoids, a group of nonsteroid hormone compounds related to retinol. Both treatments modulate the proliferation of epidermal keratinocytes. They are responsible for dry skin. Isotretinoin may impair tattoo healing with a risk of inaesthetic result. As tattooing is a non-urgent and merely esthetic procedure, we recommend to avoid getting tattooed under isotretinoin or acitretin and wait one to two months after treatment completion of the treatment to get a tattoo.

### Can I get a tattoo while I am taking a biologic therapy (adalimumab, sekakinumab)?

By experience from patients with psoriasis, we know that the occurrence of local complications after tattooing is more frequent in patients receiving systemic treatment or biologic therapy. In our personal experience, several patients taking anti-TNF alpha reported a delay in healing of the tattoo and fatigue after the session. Local infection is rare but possible. There is to date no complication reported after tattooing in patient under IL-17 inhibitors.

There is no strict contraindication to tattooing under anti-TNF alpha or IL17 inhibitor treatment, but we recommend to wait for treatment completion before tattooing. Treatments should not be resumed until the tattoo has healed.

In case of suspension of adalimumab, tattooing can be performed 3 weeks after the last subcutaneous injection.

In case of temporary suspension of secukinumab, tattooing can be performed 5 weeks after the last subcutaneous injection.

### General advice to patients with hidradenitis suppurativa 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 anti-TNF alpha or anti-IL17 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.