



EUROPEAN
ACADEMY OF
DERMATOLOGY &
VENEREOLGY

Information Leaflet
for Patients

Tattoos and psoriasis



The aim of this leaflet

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

Tattoos and psoriasis

Can I get a tattoo with psoriasis?

Living with psoriasis does not preclude you from getting a tattoo. A couple of studies have recently shown that a proportion of patients with psoriasis had one tattoo or more.

What complications am I exposed to with psoriasis?

Psoriasis is part of a group of conditions that can develop specifically on areas of skin that have experienced external trauma, such as surgical scars, scratches, or vaccination marks. This response is known as the Koebner phenomenon and affects some, but not all, individuals with psoriasis. Tattoos may be the elective location for psoriasis development after tattooing. You can get tattooed in any area that is not affected by psoriasis, but you can still develop psoriasis over the tattoo in part or in totality.

A French study showed that the risk of complications was highest amongst patients with psoriasis requiring treatment at the time of tattooing, stressing that active psoriasis should be adequately managed before considering a tattoo. You are otherwise exposed to the same complications as the general population.

These complications may include, but are not limited to:

- Contact eczema due to an aftercare 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

Can I get a tattoo if I have an active psoriasis?

As a commonsense rule, patients with active psoriasis should not get tattooed before the skin condition is treated and stabilized. Getting a tattoo during active psoriasis may increase the risk of getting psoriasis plaque within a recent tattoo.

Can I get a tattoo on an area of psoriasis?

You cannot get a tattoo within an active area of psoriasis. You can get a tattoo on an area of psoriasis, if the area is devoid of any active lesion. However, you must keep in mind that you might develop psoriasis lesions in the future on the same tattooed area even years after.

Can I experience a flare of psoriasis on my body after getting a tattoo?

According to a couple of studies, some patients have reported a psoriasis flare-up on another part of the body after tattooing.

Will psoriasis on my tattoo alter the design or color locally?

No, psoriasis is a superficial disease that affects mainly the epidermis. Tattoo pigments are deposited deeper, in the dermis. Therefore, your tattoo will remain intact even after psoriasis resolves with treatment.

Can I apply potent or highly potent local corticosteroids on my tattoos?

Yes, you can apply local corticosteroids as prescribed by your treating physician or dermatologist for psoriasis without risk for your tattoo.

Can I get phototherapy if I have tattoos?

Yes, you can get phototherapy as prescribed by your treating dermatologist despite your tattoos. A short course of phototherapy will not affect the tattoo design or colors.

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

Tattoo should be performed when psoriasis 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 acitretin?

Acitretin belongs to retinoids, a group of nonsteroid hormone compounds related to retinol. The treatment modulates the proliferation of epidermal keratinocytes. It is responsible for dry skin. Acitretin may impair tattoo healing with a risk of inaesthetic result. As tattooing is a non-urgent and merely esthetic procedure, we recommend avoiding getting tattooed under acitretin and wait one to two months after treatment completion to get a tattoo.

Can I get a tattoo while I am taking a biologic therapy (anti-TNF alpha, anti-IL17, anti-IL12/23)?

The occurrence of local complications after tattooing is more frequent in psoriasis patients who have received systemic treatment or biologic therapy. Several patients who take anti-TNF alpha have reported a delay in healing of the tattoo and fatigue after the session or Koebner phenomenon. Local infection is rare but possible. There is to date no complication reported after tattooing in patients under IL-17 or IL-12/23 inhibitors.

There is no strict contraindication to tattooing under anti-TNF alpha, IL17 or IL12/23 inhibitor treatment, but we recommend waiting for treatment completion before tattooing. Treatments should not be resumed until the tattoo has healed.

In case of suspension of a treatment, tattooing can be performed after a certain amount of time that depends on the half-life (the amount of time it takes for the level of the drug in your body to drop by half) of each biotherapy. You should discuss with your treating dermatologist beforehand.

General advice to patients with psoriasis 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, anti-IL17, or anti-IL12/23 treatment 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.