

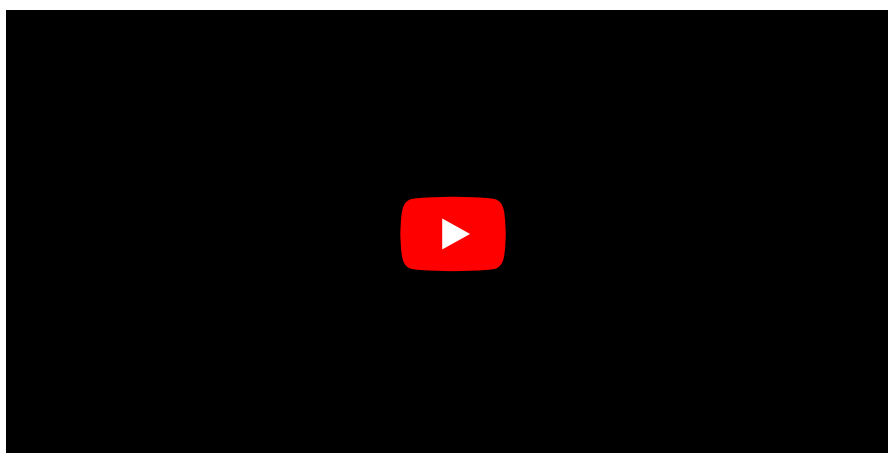
Tattoos, piercings move into mainstream but may carry medical, other risks

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Tattooing and piercing in young adults occur more frequently than clinicians might think, with tattooing far more accepted than it was 15 to 20 years ago. Many young adults get tattoos or piercings as a form of self-expression, empowerment and autonomy but may not understand the potential risks, complications and effects on future employment.

The new AAP clinical report *Adolescent and Young Adult Tattooing, Piercing and Scarification* from the Committee on Adolescence describes the types and methods used to perform body modifications, potential medical complications and how to talk about these topics with patients and families.

The report, available at <https://doi.org/10.1542/peds.2017-1962>, will be published in the October issue of *Pediatrics*.

Weigh pros and cons

When counseling teens, pediatricians can advise them to do some research and to think hard about why they would like to have a tattoo and where on their body they want it. While societal acceptance of tattoos and piercings has increased, there still may be repercussions. In a 2014 survey, 76% of 2,700 people interviewed said they believed that a tattoo or piercing had hurt their chances of getting a job.

Changing your mind about a tattoo can be costly: Laser removal can range from \$49 to \$300 per square inch of treatment area, according to the report.

While teens usually must be at least age 18 years to get a tattoo, regulations vary. Pediatricians are encouraged to learn about their state's laws related to minors obtaining tattoos and piercings.

“In most cases, teens just enjoy the look of the tattoo or piercing, but we do advise them to talk any decision over with their parents or another adult first,” said David A. Levine, M.D., FAAP, a lead author of the report. “They may not realize how expensive it is to remove a tattoo or how a piercing on your tongue might result in a chipped tooth.”

Proceed with caution

The rate of complications from tattoo placement is unknown but believed to be rare and should be discussed with patients. The most serious complication from any form of body modification is infection. Before getting a tattoo or piercing, one should make sure the salon is sterile, clean and reputable. Infection control should mirror that of a doctor’s office.

In addition, the facility should be regulated by the state. Reputable tattoo parlors and piercing salons should provide clients with a list of do’s and don’ts on how to care for the area that was worked on and what signs might indicate a problem.

Individuals considering a tattoo should ensure their immunizations are up to date and that they are not taking any medication that compromises their immunity.

The report also offers guidance for pediatricians on how to distinguish typical body modification from more dramatic or intense efforts to harm oneself, called nonsuicidal self-injury syndrome. The syndrome, which includes cutting, scratching or burning oneself, is a more impulsive or compulsive action that is associated with mental health disorders. Those who self-injure expect relief from a negative emotion.

Advice for pediatricians

Tattoos and henna:

- Remind teens and their families that tattoos are permanent and removal is difficult, expensive and only partially effective.
- Those with a history of keloid formation should avoid body modifications that puncture the skin.
- Assess the sanitary and hygiene practices of the tattoo parlors and tattoo artists.
- Seek medical care if there are signs and symptoms of infection. Lesions that appear to grow or change within a tattoo require evaluation for neoplasms.
- There is a risk of hemolysis with red henna temporary tattoos for those with a positive glucose-6-dehydrogenase deficiency. Black henna temporary tattoos should be avoided because of the significant rate of sensitization.
- Patients should be counseled about the potential effects on employment and education if tattoos are visible.

Piercings and stretching:

- Rinsing with nonprescription oral cleansers or topical application of cleansers can help prevent infection after oral piercing.
- Antibiotic agents with good coverage against *Pseudomonas* and *Staphylococcus* species (e.g., fluoroquinolones) are advised when treating piercing-associated infections of the auricular cartilage.
- At piercing establishments, the piercer should be observed putting on new disposable gloves and removing new equipment from a sterile container.
- Teens contemplating tongue piercing should know of the high incidence of tooth chipping that can occur.
- Remind patients who have piercings to remove all jewelry during contact sports to avoid endangering the wearer and other players. Jewelry that interferes with mouthguards or protective equipment also should be removed before play. Nipple jewelry should be removed before breastfeeding.

- Counsel teens about potential implications on employment and education if piercings are visible.

Scarification:

- Inform teens with a personal or family history of keloids of the risk associated with scarification (the practice of intentionally irritating the skin to cause a permanent pattern of scar tissue) and other body modification processes.
- Infections resulting from scarification may be treated like other skin or soft tissue infections.

Dr. Breuner, a lead author of the clinical report, is chair of the AAP Committee on Adolescence.

Resources

- [AAP News Parent Plus on tattoos and piercings](#)
- [Piercing and tattoos: U.S. National Library of Medicine](#)

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