

An unusual tattoo !

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A 22-year-old patient reported that she sustained a trauma to her right eye six years ago with a nail, complicated by repeated eye infections, which has led to an enucleation of the eye a year earlier with placement of a prosthesis. She presented to dermatology consultation for an ipsilateral upper and lower eyelid pigment that had been evolving for six years, immediately after the accident. Dermatologic examination had noted two non-infiltrated, greyish-blue pigmented maculas, interesting the upper and lower right eyelids, poorly limited with irregular contours simulating an Ota nevus (Fig. 1). By using the dermoscope, we found gray globules and dots (Fig. 2) suggesting exogenous pigmentation but whose origin we could not determine. By pushing the interrogation, the patient finally stated that she had been the victim of a gunshot accident at the eye, following which, she has kept a post-traumatic tattoo on her eyelid. Giving the risk of sparking due to gunpowder residue, laser treatment was no longer an option, and we limited our treatment to a trial of incision and extraction. Traumatic tattoos result from accidental inclusions of intradermal pigmented particles. These tattoos are mainly from accidental falls on blacktop surfaces during traffic accidents or from fireworks [1]. Gunpowder tattoos result from traumatic implantation of pigmented granules into varying layers of the skin after firearm discharge. Several methods of gunpowder tattoo removal have been studied, including dermabrasion, minipunch, and laser treatment. More favorable outcomes typically occur with early intervention [2]. Through this case, we would like to highlight the importance of early intervention in case of a trauma to prevent deep and permanent tattoos. Also, To our knowledge, this is the first case reporting description



Figure 1: Greyish-blue pigmented maculas, interesting the upper and lower right eyelids, poorly limited with irregular contours.

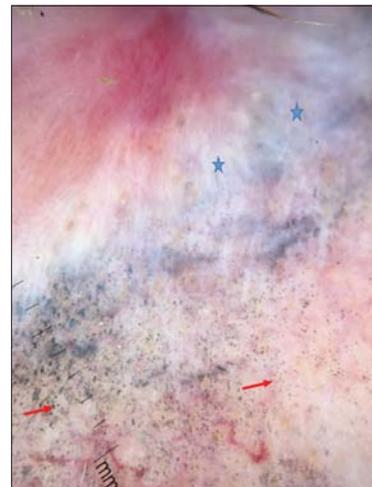


Figure 2: Grey dots and globules (Red Arrows) with white structureless areas (Blue stars).

of the dermoscopy of a traumatic tattoo containing gunpowder.

How to cite this article: Mrabat S, Baybay H, Laamari K, Douhi Z, Elloudi S, Mernissi FZ. An unusual tattoo ! Our Dermatol Online. 2020;11(e):e31.1-e31.2.

Submission: 23.02.2020; **Acceptance:** 14.04.2020

DOI: 10.7241/ourd.2020e.31

Consent

The examination of the patient was conducted according to the Declaration of Helsinki principles.

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

REFERENCES

1. Fusade T, Toubel G, Grognard C, Mazer JM. Treatment of gunpowder traumatic tattoo. *Dermatol Surg*. 2000;26:1057-9.
2. Hanke CW, Conner AC, Probst EL Jr, Fondak AA. Blast tattoos resulting from black powder firearms. *J Am Acad Dermatol*. 1987;17:819-25.

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Source of Support: Nil, **Conflict of Interest:** None declared.