

Tattoo removal by caustic products complicated with erysipelas

Asmae Abdelmouttalib, Farah Haddadi, Mariame Meziane, Karima Senouci

Dermatology and Venereology Department, Mohamed V University in Rabat, Morocco

Corresponding author: Asmae Abdelmouttalib, MD, e-mail: abdelmouttalibasmae@gmail.com

Tattoo art has been present for thousands of years in all cultures and is currently flourishing in all age groups, social classes, and occupations. Despite the rising popularity of tattoos, demand for their removal has also increased. Caustic products are used as affordable alternatives for laser tattoo removal [1]. Herein, we report a case of tattoo removal performed by non-medical professionals and complicated by erysipelas.

A 27-year-old female presented with fever and a painful left forearm after having a tattoo removed chemically with lactic acid by a non-medical professional (Fig. 1). A physical examination revealed an infiltrated, erythematous, edematous, and painful skin patch surrounding a necrotic and purulent area (Fig. 2). We also found axillary lymphadenopathy. A neurological examination was normal; there were no defects in finger spacing capacity or the overall grip of the hand. Oral antibiotic therapy based on amoxicillin and clavulanic acid with silver sulfadiazine cream was prescribed with the disappearance of the fever after 24 hours and the beginning of healing of the area of the removed tattoo and the elimination of the necrotic crusts.

Clinicians in the field of dermatology and plastic surgery are in their work now and are confronted with tattoo complications. Acute conditions are dominated by bacterial infections needing antibiotic treatment. Systemic infection is a matter of urgency and requires intravenous treatment in a hospital immediately to prevent septic shock [2,3]. Products are obscured and liability and consumer protection are unacceptable; limitation is needed.

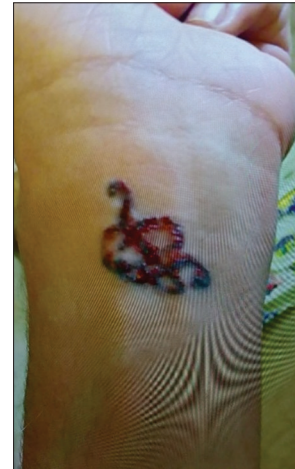


Figure 1: The appearance of the skin thirty minutes after removing the tattoo.



Figure 2: The appearance of the skin on the consultation after fifteen days.

Consent

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

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The authors certify that they have obtained all appropriate patient consent forms, in which the patients gave their consent for images and other clinical information to be included in the journal. The patients understand that their names and initials will not be published and due effort will be made to conceal their identity, but that anonymity cannot be guaranteed.

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