FACT SHEET

Treating the Teenage Patient: Tattoos, Piercings and Tanning

Common Conditions

- Tattoos
  - According to a 2004 survey of 500 people between the ages of 18 and 50, 24 percent of respondents reported having a tattoo.¹
  - Sixteen percent of those tattooed had their first tattoo by the age of 18.¹
  - No matter what type of tattoo, there are always risks and possible adverse reactions that may require treatment.
  - Complications that individuals may experience after tattooing include:
    - Infections including impetigo (a superficial skin infection), a staph infection, or cellulitis (a soft tissue infection).
    - Bloodborne diseases such as hepatitis and HIV, although there has been no documented spread of HIV by an experienced professional tattoo artist.
    - Hypersensitivity (allergies) to tattoo pigments also may develop. A chemical called para-phenylenediamine, which is applied to the skin in temporary henna tattoos, frequently causes contact dermatitis.
  - Tattoo studios should use the Center for Disease Control (CDC)’s universal precautions against blood-borne infections. (www.cdc.gov)
  - Look for government-issued inspection certificates to be certain.
  - Tattoos can be removed, although results may vary depending on the inks used and the depth of the tattoo. Dark blue, red, some lighter blues and green inks all respond well to laser treatment, but the best candidates for tattoo removal are people with light skin who have a black ink tattoo.
  - To protect the public health, the American Academy of Dermatology (Academy) encourages the strict regulation of the practice of tattooing, including requirements for those who want to provide tattoos and careful screening of those who want to receive tattoos.

- Piercings
  - According to the same 2004 survey, 34 percent of respondents had ear lobe piercings and 14 percent had a body piercing in a location other than the ear lobe.¹
Thirty percent of those pierced had their first body piercing by the age of 18.1

Individuals who have piercings may experience the following complications:
  o Keloids, which are the most common complication of piercing, occur when the scar from a cut or wound extends and spreads beyond the size of the original wound. They are seen frequently in African Americans.
  o Vascular growths called pyogenic granuloma may bleed and must be removed.
  o Cartilage piercing at the edge of the ear (pinna) increases the chance of a bacterial infection called pseudomonas.
  o Abscess formations, chondritis (inflammation of cartilage) of the ears, Candida (yeast) infections, toxic shock syndrome, and sepsis (severe total body infections) may occur.
  o There is risk of bloodborne diseases such as hepatitis and HIV especially among amateur piercers who do not clean equipment properly.
  o Embedding of jewelry (where the skin grows over the jewelry) may occur, and is often the result of studs that are too tight.
  o Hypersensitivity (allergies) to the nickel in some jewelry develops as an itchy, red skin reaction (dermatitis), and can be chronic. People who are allergic to nickel should only wear stainless steel, platinum, or gold jewelry.

Body piercing personnel should use the CDC’s universal precautions against blood-borne infections. (www.cdc.gov) Look for government-issued inspection certificates to be certain.

To protect the public health, the Academy discourages the performance of body piercing and encourages the regulation of the practice of body piercing.


- more -
Studies have demonstrated that exposure to UV radiation during indoor tanning can lead to skin aging, immune suppression, and eye damage, including cataracts and ocular melanoma.\textsuperscript{6,7,8,9,10}

The Academy opposes indoor tanning and supports a ban on the production and sale of indoor tanning equipment for non-medical purposes.

The Academy’s position statement on indoor tanning can be found at: http://www.aad.org/forms/policies/Uploads/PS/PS%20-Indoor%20Tanning.pdf.

### Common Complications of Treating Teenage Skin Conditions

- Teenagers are faced with a variety of dermatologic issues, such as acne and eczema, that often require some form of therapy.
- At the same time, treating teenagers can be a challenge due to the following factors:
  - Critical psychosocial period
  - Self-image and body image are forming
  - Period of changing emotions
  - Poor frustration tolerance
  - Poor ability to “wait” and delay gratification
  - Typically poor at compliance

- Speaking at the Academy’s 66\textsuperscript{th} Annual Meeting in San Antonio, dermatologist Dr. Hilary Baldwin, MD, FAAD, associate professor of clinical dermatology at SUNY, Brooklyn, N.Y., estimates that 40 to 50 percent of teenagers are noncompliant on their therapy.

Common reasons for noncompliance include:

- Boredom
- Side effects
- “I forgot”
- “I don’t want to”
- “It takes too long”
- “It’s too messy”
- “It didn’t work”

Dr. Baldwin recommends parents consider whether their presence in the exam room is a help or hindrance. She says teenagers are many times not completely honest about their noncompliance if a parent is present.

If teenagers are forgetting to take their medications, Dr. Baldwin recommends establishing a three-way contract between the dermatologist, teenager and parent. This contract would empower the teenager to speak up if he or she is not happy with the medication prescribed.

See your dermatologist for successful diagnosis and treatment of skin, hair and nail conditions.
Find a dermatologist by visiting the American Academy of Dermatology’s Web site at [www.aad.org](http://www.aad.org).

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5. *Cancer Epidemiology in Older Adolescents & Young Adults.* SEER AYA Monograph Pages 53-57.2007.


