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Chéloïdes sur tatouage

Kluger, Nicolas

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LETTRES À LA RÉDACTION

Keloid occurring in a tattoo

Chéloïdes sur tatouage

The problem of hypertrophic scarring or keloids after attempted do-it-yourself tattoos using products commercially available in shops or on the Internet (wart removal products, trichloroacetic acid, lactic acid, etc.) [1–4] or following misuse of laser, hair removal on a tattoo [5] is well known. However, in our experience, the occurrence of spontaneous keloids following tattooing is fairly rare.

A 23-year-old male from malgasy descent consulted for lesions limited to a black tribal tattoo on his right arm and which had been created two years earlier by a professional tattoo artist. Four lesions were noted, which had appeared several weeks after tattooing in the form of smooth, oblong modules entirely circumscribed by certain parts of the tattoo and which were symptom-free and stable; no further lesions appeared subsequently. The patient's history included the occurrence of keloid on the chest one year earlier than the tattoo. This keloid was in the middle of a tattoo in which the tattooed skin was unaffected. The lesions were clinically evocative of keloid. Biopsy was performed on one of the lesions at the outset in order to rule out sarcoidosis in the tattoo in the form of keloid. Histology confirmed a keloid scar with anarchically distributed collagen bands and deposits of black pigments at the surface, with no inflammatory infiltrate or sarcoidal granulomas.

Tattoos are cited as a potential cause of keloid [6]. Older articles dealing with complications associated with tattoos also mention this risk [7,8]. However, the cases in question appear to originate in Africa [7], probably as a result of tattoos consisting of ritual scarring [9]. We found only one recent image of keloid on a tattoo applied by a professional tattoo artist on a dark-skinned individual [10]. Injuries resulting from small needles are not considered to be a classic triggering factor [11], although cases have been described following vaccination and venepuncture. The rare cases seen in tattoos are probably similar. It is possible that "excess" trauma caused in certain parts of the tattoo (repeated passage during filling), the site of the tattoo (arm) and prior existence of risk (dark skin, history of keloids) may have contributed to the development of keloid in certain areas of the patient's skin.

Keloids are a rare complication associated with tattoos and the possibility of such lesions should be pointed out to any potential tattoo customers who are at risk.

Disclosure of interest

The authors declare that they have no competing interest.

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N. Kluger^{a,*}, S. Bosonnet^b

^a University of Helsinki and Helsinki University Central Hospital, departments of dermatology, allergology and venereology, 00029 Hus, Finland

^b Cabinet de dermatologie, 1, rue de l'Aiguillerie, 34000 Montpellier, France

* Corresponding author.

E-mail address: nicolas.kluger@hus.fi (N. Kluger)

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