

CONTINUING MEDICAL EDUCATION EXAMINATION

Diagnostic Approach for Suspected Allergic Cutaneous Reaction to a Permanent Tattoo

Instructions for obtaining 1.1 Continuing Medical Education Credits

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CME Items

- In the case of an early cutaneous reaction to a permanent tattoo, which of the following entities is more likely?
 - Bacterial infection.
 - Allergic reaction.
 - Skin cancer.
 - Foreign body reaction.
 - Sarcoidosis
- Which of the following diseases should be included in the differential diagnosis of an allergic reaction to a tattoo?
 - Psoriasis.
 - Sarcoidosis.
 - Mycobacterial infection.
 - Lichen planus.
 - All the previous answers are correct.
- Which tattoo ink color produces the greatest number of skin reactions?
 - Black.
 - Yellow.
 - Red.
 - Blue.
 - Green.
- Which of these clinical patterns is least associated with allergic reaction to a tattoo?
 - Ulceronecrotic.
 - Plaque-like.
 - Hyperkeratotic.
 - Lichenoid.
 - Neurosensory.
- Which of the following clinical features is not characteristic of an allergic reaction to permanent tattoo ink?
 - Persistent reaction.
 - Distant reaction in previous tattoos of the same color.
 - Homogeneous infiltration of all the areas tattooed with ink of the same color.
 - Early reaction.
 - Poor response to topical corticosteroids.
- Which of the following histological patterns is most frequently associated with an allergic reaction to a permanent tattoo?
 - Spongiotic dermatitis.
 - Lichenoid dermatitis.
 - Pseudolymphoma B.
 - Sarcoid granulomatous pattern.
 - Foreign body granulomatous pattern.
- Faced with a late skin reaction to a tattoo, under what circumstances is it indicated to perform a skin biopsy?
 - Poor response to topical corticosteroids.
 - Always.
 - Papulonodular clinical pattern.
 - Immunosuppressed patients.
 - Red ink tattoos.
- Which of the following is false with respect to the composition of tattoo ink.
 - The Spanish Agency of Medicines and Medical Devices approves tattoo inks for commercial use and mandates the labelling of their ingredients.
 - Clinicians can and should request the safety sheets and batch numbers for the products used by the tattooist.
 - Inks may contain pigments from inorganic metal salts.
 - Inks may contain azo pigments.
 - Azo pigments, which used to be very common, are giving way to metal salts. These may now be present in up to 60% of color inks.
- Patch testing with metal salts, dispersed pigments, and ink itself usually yields negative results in the study of an allergic reaction to a permanent tattoo. Which of the following explanations were formulated as a hypothesis?
 - Scant penetration of the test ink into the skin.
 - The real allergen is not present in its native form in the ink itself, but rather generated in the dermis from pigments or other ink components.
 - The culprit allergen could be a metabolite.
 - Sunlight could induce a process of photochemical excision in the tattoo pigments that would allow chemical substances to act as haptens (photoallergic phenomenon).
 - All the previous answers are correct.
- Regarding the diagnostic procedure for a skin reaction to a permanent tattoo, which of the following answers is false?
 - A biopsy should be performed in the case of an early reaction that does not respond to topical corticosteroids.
 - Deep fungal infection should be ruled out in the case of a late reaction where the skin biopsy specimen reveals an interface pattern.
 - Patch tests should be considered in the event of a late reaction where the skin biopsy reveals interface dermatitis.
 - A microbial culture must be taken in the case of an early reaction with exudative-crusts or pustular lesions.
 - A chest x-ray should be requested in the case of a patient with a late reaction to a tattoo and a sarcoid granulomatous pattern in the biopsy specimen.