Ask the Expert

In this section, physicians belonging to The Skin Cancer Foundation's lifetime membership group, The Rex and Johnnie Amonette Circle, answer questions from the public. This issue, our guest physician is Ariel Ostad, MD, a dermatologist and Mohs surgeon in private practice in New York, NY, and assistant clinical professor of dermatology at New York University School of Medicine.

Ariel Ostad, MD

Q. **"I had melanoma (the deadliest form of skin cancer) about a year ago. The tumor was removed, and I was treated for a year more. I want to get a tattoo, but I'm concerned. Is there any chance I could develop skin cancer from the inks? Should people with melanoma avoid tattoos? Are there any other skin risks associated with tattoos? Are there any risks in removing them?"**

A. Dermatologists have been evaluating patients with tattoos for decades for any evidence of skin cancer, and they have never found an increased prevalence of the disease in those individuals. The same is true for patients who have already had melanoma or another form of skin cancer; the inks used in tattoos have never been shown to increase their risk of recurrence. People who have had skin cancer are always at higher risk of developing future skin cancers, but tattoos do not increase that risk.

It is never a good idea, however, to have a tattoo placed too close to or within a mole (nevus). Changes occurring in a mole — symmetry, border, color, size, shape, texture — are potentially key warning signs that the lesion may be evolving into a melanoma or another skin cancer, so make sure all moles are left completely visible, or it could delay detection. When a melanoma is discovered and removed at an early stage, it is almost always completely curable, but more advanced melanomas are far harder to cure, so anything that delays detection can be extremely dangerous. If you get a tattoo, make sure it is placed far from any mole. This is especially important for people who have multiple moles or dysplastic nevus (atypical mole) syndrome, since they are at increased risk of developing melanoma, potentially within one of their moles.

Other fairly uncommon skin risks associated with tattoos include allergic reactions to certain tattoo inks and infection immediately following tattoo placement, a problem that is treatable with antibiotics.

There are several options for removing tattoos, but most are now routinely removed with lasers. These break up the inks so that the immune system can rid the body of these foreign substances. The procedures are typically done over a period of months. Lasers commonly used are the Ruby laser, the Alexandrite laser, and the Nd:Yag laser, which can effectively target a multitude of colors.

Risks associated with removing tattoos include hypopigmentation (loss of skin color) as well as hyperpigmentation (skin darkening) at the tattoo site. Scarring is also a remote possibility if appropriate lasers are not used. One important consideration is that tattoo inks used for permanent makeup

(such as permanently darkened eyebrows) can sometimes turn a darker color when a laser is used in removing them, due to released iron contained in certain inks. So it is important to perform a test spot, removing a small part of the tattoo and seeing what skin reactions occur on that small area before proceeding with the rest of removal. Overall, removing tattoos is extremely safe, and the risks are minor; lasers have an excellent track record in removing tattoos safely and successfully in dermatologists' offices around the US.