Safety of Body Piercings for Rheumatology Patients on Immunosuppressive Medications

Abstract:

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The existence of piercings dates through history, with reports of Roman centurions wearing nipple rings in their breast plates as a sign of loyalty to their Emperor. In addition the Mayans pierced their tongues as part of spiritual rituals, while Queen Victoria's husband, Prince Albert of Saxe-Coburg and Gotha, is rumoured to have had his penis pierced. In recent times the prevalence of piercings has become mainstream among individuals. Current body piercings experienced in the everyday life of a physician range from piercings of the ears to eyebrows, tongues, navels, nipples and genitals.

The risks attached to piercings include health risks along with the risks of stigma. However the medical literature lacks data of the dangers compared with the overall incidence of body art in the United State. Most health risks are related to infectious complications or localized skin reactions, but the potential of blood-borne diseases is present. The most common infectious complications of piercing, especially navel and ear, are localized skin infections caused by Staphylococcus aureus and Pseudomonas aeruginosa. The risk of infection is greater in individuals with newly acquired piercings because of diminished skin integrity from procedures, especially those done in warm-weather months. High- rim ear piercing is a particular problem because of the lack of vascularity. The risk of infection can be reduced when the individual receiving the piercing understands the procedure, obtains it in a studio that uses sterile procedures, and follows appropriate after-care instructions regarding cleaning and maintenance. We suggest soap and water as an appropriate after-care solution. In managing infections it is advised to remove the piercing and use either local or systemic antibiotics promptly. Healing times for body piercing vary and may take as long as one year for navel piercings and certain genital piercings, while ear piercing and other facial or oral piercings may take 6 weeks.

Regarding systemic infections, these are more likely to occur in people who have had amateur piercings or have not followed the after-care instructions. Tetanus, acute poststreptococcal glomerulonephritis, streptococcal sepsis, staphylococcal toxic shock syndrome, and pseudomonal abscesses have all been documented after body piercing. However these are all rare. Based on our research into the area of piercings we could not completely advise Rheumatology patients on immunosuppressant medications against getting body piercings. We would feel it is important to highlight to them to receive their piercing from an expert in an established licensed studio.

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References