



LETTER TO THE EDITOR

Piercing and Crohn's disease

Dear Sir,

Body art piercing, tattooing, and scarification have become more and more popular especially among adolescents. Complications during piercing, immediately following piercing, as well as long term may occur and include local and systemic infections, poor cosmesis, and foreign body rejection.¹

A 17-year-old girl diagnosed with Crohn's ileitis for the last two years came to outpatient clinic due to relapsing episodes of erythema and unbearable pain of the left ear and fever after performing "high" ear piercing. The patient was in disease remission for the last six months and was on azathioprine maintenance treatment. No extraintestinal manifestations were diagnosed. Three months before visiting the outpatient clinic the patient decided to perform multiple "high" ear piercing for cosmetic reasons. One month after piercing the first inflammatory episode occurred which subsided spontaneously after some days. However, in the coming weeks two severe episodes with erythema and pain of the left ear and fever occurred and the patient decided to visit the outpatient clinic. Physical examination was diagnostic of auricular perichondritis. Cultures were taken and quinolone antibiotic for 15 days was administered with excellent results (Fig. 1).

Ear piercing has been associated with many medical problems including local infection, sepsis, superficial cervical lymphadenopathy, localized argyria, contact dermatitis, lymphoplasia, edema and hematoma formation, exuberant granulation tissue, keloids, lipomas, and sarcoidal granulomas.² "High" ear piercing through the ear cartilage is associated with more serious infections compared to the "low" ear lobe piercing.

There is no clear answer whether patients with Crohn's disease have an increased risk of piercing-related complications.

First, ear-piercing techniques used are of major importance. A survey of businesses that pierce concluded that some of the cosmetic shops and earring kiosks used piercing methods that may have predisposed to side effects.³

Second, piercings are made of different materials, usually metal or synthetic materials. However, to the best of our knowledge there is no report of special allergy or intolerance of any of these materials in patients with Crohn's disease.

Third, an audit investigating whether young women with periumbilical piercing presenting with right iliac fossa pain failed to demonstrate a difference in the frequency of a final diagnosis of acute appendicitis or pelvic inflammatory disease.⁴

Clinicians should understand the potential complications of these procedures and their management. It is also important for clinicians to feel comfortable counseling adolescents with Crohn's disease and their families about practices in safer body art facilities and to be alert to associated psychological conditions in patients who undergo body piercing.

Piercing is a personal decision, but we believe it is of major importance that Crohn's disease patients are fully aware of possible health hazards and potential complications associated with body piercing.

References

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Figure 1 "High" ear piercing in a girl with Crohn's disease.

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