Irritant Contact Dermatitis From a Black Henna Tattoo Without Sensitization to Para-phenylendiamine

abstract

Allergic contact dermatitis from nonpermanent black henna tattoos has been frequently reported, particularly in children. Contamination or adulteration of the dyes with para-phenylendiamine has been identified as major cause of active sensitization and elicitation of severe allergic contact dermatitis. Sequelae include permanent sensitization, hyper- or hypopigmentation, scarring, keloids, and hypertrichosis. We report a rare case of irritant dermatitis to an unknown ingredient in a black henna tattoo with consecutive hypopigmentation. Sensitization to para-phenylendiamine and other para-compounds was excluded by patch test evaluation. This is relevant for future exposure to consumer products such as hair dyes or in occupational settings. Generally, black henna tattoos, particularly if done with dyes of unknown composition, should be strongly discouraged. Pediatrics 2013;131: e1974–e1976
Para-phenylenediamine (PPD) is a well-known contact sensitizer, particularly present in hair dyes and in black henna tattoos. Undeclared concentrations between 1% to 63% PPD have been demonstrated in dyes used for henna tattoos. This may result in active sensitization in young individuals with long-term sequelae and consequences. We present an unusual irritant reaction from a black henna tattoo without sensitization to PPD but residual hypopigmentation.

**CASE REPORT**

While on holiday in Turkey, a 10-year-old white boy had a black henna tattoo applied to his upper arm. It was the first application of such a henna tattoo. One day later, he felt mild burning sensations without skin lesions. Four days later, he presented to our clinic. He had no history or signs of contact dermatitis, atopy, other allergic disorders, or vitiligo. On examination, mild erythema and black crusts exactly where the ornamental tattoo had been placed were present, without any infiltration, papules, vesicles, or spreading beyond its borders. The black ornament itself was raised and had the aspect of an eschar (Fig 1). After a 7-day treatment with mometasone furoate 0.1% cream, the necrotic epidermis had peeled off, and after 3 weeks a hypopigmented non-inflamed exact outline of the tattoo persisted (Fig 2).

Patch tests including the European baseline series and PPD 0.3% in petrolatum were performed 3 weeks after healing of the reaction and obtaining informed consent. Readings at day 2 and 3 were negative apart from a positive test reaction to nickel sulfate. In consecutive patch tests, PPD was tested at 1.0% in petrolatum and a hairdresser and a textile dye series were applied, all test agents gave negative results.

**DISCUSSION**

Typically, patients who have applied black henna tattoos may become sensitized to PPD, and may then cross-react with other para-amino compounds such as p-toluene diamine, aminophenols, antioxidants used in black rubber (N'-isopropyl-N'-phenyl-PPD), dyes used in textiles, and, more rarely, to local anesthetics of the ester family such as benzocaine.

Other long-term sequelae after allergic contact dermatitis from PPD in henna tattoos include scars, keloids, hyper- and hypopigmentation, and temporary hypertrichosis, particularly in children. Rarely, disseminated erythema multiforme has been observed.

Our patient suffered from a mild localized burning without any inflammatory skin lesions within 1 day of applying a black henna tattoo. The black dye induced an eschar-like circumscribed necrosis of the epidermis similar to a superficial chemical burn. Patch tests did not reveal sensitization to PPD or other para-compounds. According to the morphology, which was sharply confined to the site of application, the absence of any eczematous changes, the necrotic epidermis and its evolution, and finally the twice negative patch tests, we concluded that the patient suffered from an acute toxic reaction resulting in a superficial epidermal necrosis with consecutive hypopigmentation. The composition of the tattoo dye was unknown; apparently, it contained an irritant ingredient. Agents used in henna tattoo dyes to enhance the color intensity or shorten the time of drying may include lemon juice, eucalyptus and olive oils, vinegar, tea leaves, tannins, charcoal powder, lampblack, and, most often, PPD.

A similar case with acquired leukoderma without any erythema or vesication 3 days after a dark-colored Arabian henna tattoo has been reported in an Indian girl. A toxic reaction was suggested because of the short time interval and the lack of erythema and vesicles.
Acquired chemical leukoderma has also been reported after long-term use of PPD-containing hair dyes. In our patient, topical corticosteroids to minimize inflammation and cutaneous sequelae were initiated, and a later patch test with PPD was negative. PPD may cause depigmentation by direct chemical action after allergic contact dermatitis and may aggravate vitiligo. Hair dyes and textiles containing PPD have been implicated as a common cause of leukoderma in a large study including >800 patients; however, confirmatory patch testing was not performed. Other allergens (eg, rubber components such as thiomers, natural rubber latex, and fragrances) have been reported to cause active sensitization or allergic contact dermatitis from black henna tattoos. Our patient had negative prick (latex) and patch tests to these substances. Heavy metals identified in henna tattoo dye mixtures include nickel, cobalt and lead. Our patient was sensitized to nickel; therefore, an allergic reaction to nickel traces cannot be definitely excluded. However, the morphology, the time pattern, and the evolution render an allergic contact dermatitis unlikely. Because of the relevance of sensitization to PPD and other para-compounds (eg, in occupational settings), we recommend performing patch tests in children who have had a cutaneous reaction to a henna tattoo. This is relevant for future exposure to consumer products such as hair dyes or in occupational settings. We strongly urge, however, that so-called black henna tattoos with dyes of unknown composition be completely avoided.

REFERENCES

Irritant Contact Dermatitis From a Black Henna Tattoo Without Sensitization to Para-phenylenediamine
Fabiola Kind, Kathrin Scherer Hofmeier and Andreas J. Bircher
Pediatrics 2013;131;e1974
DOI: 10.1542/peds.2012-2938 originally published online May 20, 2013;

Updated Information & Services
including high resolution figures, can be found at:
http://pediatrics.aappublications.org/content/131/6/e1974

References
This article cites 21 articles, 1 of which you can access for free at:
http://pediatrics.aappublications.org/content/131/6/e1974.full#ref-list -1

Subspecialty Collections
This article, along with others on similar topics, appears in the following collection(s):
Dermatology
http://classic.pediatrics.aappublications.org/cgi/collection/dermatology_sub

Permissions & Licensing
Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
https://shop.aap.org/licensing-permissions/

Reprints
Information about ordering reprints can be found online:
http://classic.pediatrics.aappublications.org/content/reprints

Pediatrics is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since . Pediatrics is owned, published, and trademarked by the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois, 60007. Copyright © 2013 by the American Academy of Pediatrics. All rights reserved. Print ISSN: .

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
Irritant Contact Dermatitis From a Black Henna Tattoo Without Sensitization to Para-phenylenediamine

Fabiola Kind, Kathrin Scherer Hofmeier and Andreas J. Bircher

*Pediatrics* 2013;131:e1974

DOI: 10.1542/peds.2012-2938 originally published online May 20, 2013;

The online version of this article, along with updated information and services, is located on the World Wide Web at:

http://pediatrics.aappublications.org/content/131/6/e1974