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## Lumbar tattoos and epidural analgesia in 2018: time to let it go?

We read with interest the recent review by Zipori et al. about epidural analgesia (EA) and lumbar tattoos.<sup>1</sup> The authors stressed the lack of evidence regarding a risk of complications after neuraxial procedures. We hope to give some closure on what we think has been a contentious issue for anesthesiologists.

Since the initial positional letter by Douglas and Swenerton 15 years ago, no relevant complication has been reported in Western countries. In 2001, Kris Sperry, a pathologist experienced with tattooed skin, stated in the summer issue of the Society of Obstetric Anesthesia and Perinatology (SOAP) newsletter: “You should have no concern whatsoever in placing a needle through a tattoo and into the spinal or epidural space (...). There is really no danger at all in inserting a needle through tattooed skin” (<https://soap.org/past-newsletter.php>, accessible by SOAP members only). In various letters to journal editors, we have discussed the histopathology of normal tattooed skin, to counter Douglas and Swenerton’s hypothesis.<sup>2,3</sup> Iatrogenic epidermoid tumors are related to epidermal elements implanted into the arachnoid space. In a healed tattoo, the epidermis is devoid of pigments.<sup>4</sup> Tattoo pigments are only found in the dermis, within fibroblasts, macrophages or free between collagen bundles of the dermis.<sup>4</sup> Pregnancy is one of the few contraindications for tattooing,<sup>5</sup> and as a consequence EA through a *fresh* tattoo during delivery, as documented by Zipori et al., is an infrequent occurrence.

Nicking the skin prior to inserting a needle is said to reduce the absorption of pigments,<sup>1</sup> but this has not been proven. Also, since pigments are spread out within the dermis,<sup>4</sup> to avoid potential contamination the skin nick must reach the hypodermis. If only a superficial nick is made in the dermis, there is a risk of pigment entrapment in the needle.

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