

PUBLIC HEALTH

Navel gazing: a clinical glimpse at body piercing

Epidemiology: Body piercing is a popular art form. In North America, where the traditional piercing site is the earlobe,¹ there has been a move toward more adventurous sites (e.g., the ear cartilage, nasal septum, eyebrow, tongue, cheek, nipple, navel, labia, penis).

Body piercing is done quickly and without anesthesia, usually in tattoo or beauty parlors.² The most common techniques involve either a spring-loaded ear-piercing gun or piercing needles, the needle diameter varying from 6 to 18 gauge. The blunt end of the needle is used to hold the jewellery. Once the skin is cleaned, the needle and jewellery are inserted through the tissue in one motion. The needle is passed through and out the other side, often into a cork to avoid injury to the client or practitioner, with the jewellery remaining in the channel created by the needle.^{1,2}

Most of the jewellery — studs, barbells or hoops — is purchased commercially. It should be smoothly polished for easy cleaning, shaped to fit the body site and made of 14- to 18-carat gold, titanium, surgical steel or niobium. Brass-plated jewellery and pieces containing nickel alloy should be avoided because of the risk of allergy.¹

Functionality is not a motivating factor for body piercing. According to a survey of 134 readers of *Body Art* magazine, most people do it because they like the way it looks and because piercing enhances stimulation and sensual pleasure. Lest it be assumed that body piercing is a practice of youth or a fetish

of the promiscuous, the same survey revealed that 79% of the respondents were over 29 years and 58% were married or in long-term relationships.³

Clinical management: Unique complications can result from body piercing, including endocarditis, paraphimosis and urethral rupture. However, the most common are infection, contact dermatitis, and hypertrophic scars and keloids.⁴

Healing time ranges from 6 months to 2 years. Body parts that are subjected to movement (the navel and tongue) or consist of cartilage (the auricle) take longer to heal. Throughout the healing phase the site should be washed daily with antibiotic soap and the jewellery rotated to help the cleaning process.^{1,2}

The organisms most frequently involved in infections are skin pathogens such as *Streptococcus* and *Staphylococcus*. Perichondrial infections associated with high-ear piercing have involved more virulent organisms such as *Pseudomonas*.⁴ Good wound care can prevent infection. Local infections can be managed by applying warm compresses and an antibacterial ointment. If this is ineffective, a 5-day course of oral antibiotic therapy (e.g., with flucloxacillin) may be indicated. The jewellery should remain in place to allow drainage and prevent abscess formation.^{4,5}

Contact dermatitis is treated by avoiding the material causing the reaction and by applying (if needed) topical or intralesional corticosteroids. Keloids may be treated with intralesional corticosteroids, pressure or surgical excision.⁴

Prevention: There is scant evidence in the literature of body piercing actually transmitting hepatitis B or C virus, or HIV.¹ However, body piercing, like a tattoo, is a recognized epidemiologic marker for increased risk of hepatitis B and C and HIV infection,⁵ and the practice carries the real risk of bloodborne transmission. Canadian Blood Services will not accept blood from a donor who has had body piercing within the year.²

In the wake of the recent outbreak in Toronto of 75 cases of hepatitis B from contaminated electroencephalogram needles,⁶ Health Canada established comprehensive infection control guidelines for practitioners who perform body piercing.¹

More information about infectious complications of body piercing is available in a recently published article.⁷ — *Erica Weir, CMAJ*

References

1. Health Canada. Infection prevention and control practices for personal services: tattooing, ear/body piercing and electrolysis. *Can Commun Dis Rep* 1999;25:S3.
2. Armstrong M. A clinical look at body piercing. *RN* 1998;61:26-30.
3. Ferguson H. Body piercing. *BMJ* 1999;319:1627-9.
4. Koenig L, Carnes M. Body piercing: medical concerns with cutting-edge fashion. *J Gen Intern Med* 1999;14:379-85.
5. Braithwaite R, Stephens T, Sterk C, Braithwaite K. Risks associated with tattooing and body piercing. *J Public Health Policy* 1999;20:459-69.
6. Hepatitis B outbreak investigation team. An outbreak of hepatitis associated with reusable subdermal electroencephalogram electrodes. *CMAJ* 2000;162(8):1127-31. Available: www.cma.ca/cmaj/vol-162/issue-8/1127.htm
7. Tweeten SS, Rickman LS. Infectious complications of body piercing. *Clin Infect Dis* 1998;26:735-40.

