**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, 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. 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.

Most of the jewellery — studs, barbells or hoops — is purchased commercially. It should be smooth and polished for easy cleaning, shaped to fit the body site and made of 14- to 18-carat gold, for easy cleaning, shaped to fit the body site, and made of 14- to 18-carat gold. Surgical steel or niobium is obtained or in long-term relationships.

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.

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.

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*.

Good wound care can prevent infection. Local infections can be managed by applying warm compresses and an antibiotic ointment. If this is ineffective, a 5-day course of oral antibiotic therapy (e.g., with fluclouxacinil) may be indicated. The jewellery should remain in place to allow drainage and prevent abscess formation.

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.

**Prevention:** There is scant evidence in the literature of body piercing actually transmitting hepatitis B or C virus, or HIV. However, body piercing, like a tattoo, is a recognized epidemiologic marker for increased risk of hepatitis B and C and HIV infection, 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.

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

More information about infectious complications of body piercing is available in recently published articles.

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**References**