An Unusual Tattoo

Binayak Sinha* and Samit Ghosal

1AMRI Hospitals, JC-16/17, Salt Lake City, Kolkata-700091, India
2Nightingale Hospital, 11 Shakespeare Sarani, Kolkata-700071, India

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*Corresponding author: Binayak Sinha, AMRI Hospitals, JC-16/17, Salt Lake City, Kolkata-700091, India, Tel: 91-983-009-6410; E-mail: binayak.sinha@gmail.com

Case Presentation

A 25 year old man with Type 1 Diabetes presented to outpatients with weakness, weight loss and marked osmotic symptoms. He had been diagnosed with diabetes 4 months ago at his local village hospital and had been prescribed Regular Human Insulin and Insulin Glargine in a basal bolus regime. It would appear he had been given a perfunctory demonstration of how to self inject with a syringe and needle and therefore turned to his “friend” whose mother had diabetes, for help. The friend in question marked out a square inch of his abdomen beside his umbilicus with a ball point pen and advised him not to wash that area and inject only in that part intradermally with the syringe at an angle of 180 degrees to the skin.

When he presented to our outpatients he was clinically frail and wasted with an HbA1C of 11.5%. He had 2 square areas around the umbilicus bruised and excoriated with some degree of tattooing on the skin from the ink that had been used to mark the area and remained unwashed (Figure 1). He was provided diabetes education, taught how to self inject using pen devices and self monitor his blood glucose at home. The excoriated area was cleaned and dressed with Normal saline and he was strongly advised not to inject in that area in the future. He returned for review after three months looking well and having gained 3 kg in weight. His HbA1C though not perfect was now 8.6%. The abdominal markings had healed completely.

It is imperative for physicians to remember that insulin works wonderfully when administered in the right way and a wrong injection technique can often be the reason for worsening glycaemic control. This picture therefore highlights the importance of proper diabetes education and the importance of correct injection technique in the management of diabetes. The importance of this must be reiterated at each consultation.

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