

Hypergranulation Tissue

The terms *hypergranulation tissue*, *granuloma*, and *pyogenic granuloma* are all fancy words for *benign* (noncancerous) types of growths that form on wounds, including piercings. These can simply be a consequence of injuring the body, or they can be caused by excessive trauma, moisture, or infection. If you are taking Accutane or certain other medications, you are at increased risk for this complication, though you may see improvement if you lower the dosage or discontinue taking the medicine. Always take prescription medications according to your doctor's instructions.

These bumps are comprised of cells that are normally formed during wound healing but that have overgrown, often quite rapidly. These unsightly lumps are most common on piercings of the navel, outer labium, nostril, and the inside of the lip, though they may also occur elsewhere. In some cases, they can successfully be treated and the piercing may be maintained, though healing of the piercing is suspended while excess granulation tissue is present. You may need to be patient and to try different treatments or combinations of remedies to achieve a satisfactory resolution.



Identifying Hypergranulation Tissue

- Bump of tissue protrudes above the surface of your skin
- Looks like raw hamburger, or like the inside of the piercing is on the outside of your body
- Oozing clear or yellow sticky drainage
- Bleeds easily
- Usually looks worse than it feels, though it can be tender

What to Do for Hypergranulation Tissue

Keep the area as dry and free from friction and irritation as possible. Do not try all the listed products at once, and keep careful watch on the area to gauge your response to treatments.

- Frequent [saline soaks](#), or more aggressive sodium chloride treatment: use a *hypertonic* product (one that contains more salt than the body's fluids do) such as Curasalt (20 percent sodium chloride-impregnated gauze), or Hypergel Hypertonic Gel (20 percent hypertonic saline gel). Use according to the package directions, but be careful to cover only the hypergranulation tissue, or you will cause drying and irritation to the healthy skin surrounding the problem.
- Topical application of over-the-counter cortisone cream according to package instructions.
- Use a styptic pencil to stop bleeding and dry out the tissue.
- Topical application of rubbing alcohol, 3 percent hydrogen peroxide, iodine, Campho-Phenique, *or* undiluted tea tree oil, twice daily for one to two weeks. Seek medical care if you don't see improvement or your symptoms worsen.
- Topical application of a paste made from bottled or distilled water and aspirin tablets or powder. Apply only to the hypergranulation tissue for ten minutes and then rinse well, two to three times a day for two to three weeks. This can burn your skin. Discontinue if irritation results.

If none of these help your condition, visit a doctor for treatment. These often recur, especially when a problem with moisture, jewelry fit, or friction is not resolved. If the condition proves intractable, the piercing will need to be abandoned. Frequently the bumps diminish significantly or disappear completely

when you remove your jewelry.

“Localized Piercing Pimple”

This complication is somewhat common, but, unfortunately, the piercing-friendly medical professionals I polled failed to come to a consensus on a diagnosis or suggested treatment. Therefore, I’ve named this complication based on its appearance and address it below using my professional piercing experience in conjunction with accepted health-care principles. Overall, the symptoms are similar to those of *folliculitis*, which is an inflammation and infection in or near a hair follicle. This type of complication routinely occurs near nipple piercings, where hair follicles are not plentiful. Piercers sometimes mislabel this as a “follicular cyst,” but that is a condition of the ovary.

Sometimes a *pustule* (a small round area of inflamed skin filled with pus) will appear under the skin near the opening of a piercing. It may be caused by trauma or a mild infection that remains contained locally. A small pocket forms close to the surface and repeatedly fills, and drains. Sometimes it seems to be gone for good, and then the cycle begins again weeks or months later. The best way to resolve the problem appears to be by helping your body to break down and absorb the sack or pocket that has formed. You may be tempted to pop this pimple-like eruption yourself, but never lance your skin with nonsterile implements; use soaks and compresses to encourage drainage. If you have a localized pustule that won’t open or drain and needs to be lanced, seek medical assistance.



Identifying a Piercing Pimple

- Small, slightly elevated pus-filled bump or pimple adjacent to the piercing
- Red and inflamed, but contained locally
- May be tender, itch, or burn, though some are painless
- Usually secretes pus and/or blood when drained (or popped)

What to Do for a Piercing Pimple

- Follow the suggestions under “What to Do for a [Minor Localized Infection](#),” page 204.
- Over-the-counter antihistamines taken according to package instructions can diminish itching and inflammation.
- Do plenty of warm [saline soaks](#) or hot compresses. Continue them for two weeks after the problem seems to have been resolved.
- Light massage of the area may help break up the pocket and prevent it from refilling.
- If you do not respond to treatment, lab analysis for an invading microorganism may be needed to determine if the cause is fungal or bacterial so your doctor can prescribe appropriate medication to target the problem.
- You must see a doctor if you have increased pain, a fever over 100°F (37.8°C), or the infection obviously worsens or spreads.
- If you have a verified diagnosis of folliculitis, laser hair removal can destroy the hair follicle, prevent future episodes, and reduce the scarring of repeated eruptions.

Localized Infection

When a piercing acts up, it is commonly assumed that it is infected. However, not everything that is wrong with a piercing is an infection. When piercings are performed and cared for according to accepted practice, an *infection* (invasion and multiplication of disease-causing microorganisms that have a detrimental effect) is not as prevalent as you might think. Other complications, such as irritation, are far more common; however, when a piercing is infected, it requires prompt care. Left untreated, an infection can worsen to become extremely dangerous and, in rare cases, life threatening.

Many *minor* (or *self-limiting*) *infections* are successfully self-treated. If your condition is recent, mild, and you do not take steroids or have a chronic illness or other health condition, you can try the suggestions listed below for a few days. Numerous products for this purpose are readily available in drugstores. If your piercing is visible to the public, show it to a pharmacist and ask for his suggestion on the best over-the-counter product or whether he thinks you need to see a doctor right away.



Identifying Minor Localized Infection

- Skin is pinkish or reddish, swollen, and warm to the touch
- Localized tenderness
- A small amount of pus
- Swollen lymph nodes

You can have an infection even if you don't have all of the symptoms above. Conversely, having several of them doesn't guarantee that your piercing is infected. Some redness, swelling, and tenderness are normal in fresh piercings, especially during the first two weeks.

What to Do for a Minor Localized Infection

The following suggestions are for minor infections only:

- Take ibuprofen or acetaminophen to diminish swelling and tenderness.
- Keep the area clean and wash it twice daily with a fragrance-free soap, rinse well, and dry with clean, disposable paper products.
- Perform mild [saline soaks](#) and/or apply warm, moist compresses to encourage drainage and relieve discomfort (see the information on warm compresses under "Running Cold and Hot," page 199).
- Apply topical over-the-counter antibiotic cream or gel (not ointment) according to package instructions. While this type of product is not suggested for routine aftercare, this is the time to put it to use. The topical antibiotic products usually contain bacitracin, neomycin, or polymyxin B, alone or in combination, to fight different types of microorganisms. Combinations of the three ingredients work against a broader spectrum of bacteria, but allergic reactions to neomycin are common. Stop using the antibiotic if you notice redness, itching, or skin

eruptions surrounding the area, and consult your physician.

See a doctor right away if you experience the following:

- Your symptoms last for a week or markedly worsen.
- You experience a fever, chills, nausea, vomiting, dizziness, or disorientation.
- The piercing is very painful, swollen, has red streaks emanating from it, or there is a loss of function in the region.
- You have copious pus discharge that is greenish, yellowish, or grayish.

For topical treatment of localized piercing infections, a cream or gel called *Bactroban* (mupirocin antibiotic, available only by prescription) is recognized as an effective medication. A doctor who is unfamiliar with piercings may be unsure what to recommend, so you can inform him this product is commonly prescribed for bacterial infections in piercings. Never try to self-treat an infection with leftover antibiotic medication or someone else's prescription. - See more at: <http://piercingbible.com/troubleshooting#Lo>

Scarring

A *scar* is simply defined as “a mark left on the skin after the healing of a cut, burn, or other area of wounded tissue,” so scar formation is a normal process following any type of breach in the tissue, including piercing. Unfortunately, however, the body sometimes fails to perform this job properly and complications occur. Below are some of the most common scarring problems with suggestions on how to handle them.

Atrophic Scarring

Atrophic scarring, a depression or pitting below the normal skin level, sometimes occurs when a piercing migrates. Unfortunately, this type of scarring is usually permanent. Navel and facial piercings are the most common sites to find this type of pockmark. There are no easy fixes, but a dermatologist can explain treatments such as dermabrasion or laser resurfacing that might be effective. If the piercing can be maintained, generally the best way to deal with this problem is to leave jewelry in place. This will usually mask the scar or at least part of it.



Excessive Scarring

The presence of jewelry causes prolonged healing and predisposes the wound to chronic inflammation. Both of these conditions increase the likelihood of excessive scar formation. Keloids and hypertrophic scars are the types of bumps and lumps commonly found on ear cartilage piercings, though other pierced sites also fall victim to these conditions.



A *keloid* is a very large, dense mound of scar tissue that becomes significantly bigger than your original wound. They can be extremely unsightly, and some grow to shocking dimensions. Unfortunately, once you have formed a keloid, you can seldom fully recover from it and will always have some amount of scar tissue.

A *hypertrophic scar* is a lumpy scar that sits above the surface of the skin. This is the smaller and far more common growth that forms around a piercing. They are not as big or severe as keloids, respond better to treatment, and are more easily resolved. Hypertrophic scarring sometimes goes away spontaneously, or it may recur and recede in cycles for an extended period of time before improving substantially or disappearing.

Hypertrophic scars are frequently mislabeled as keloids—even by doctors—possibly because both are types of excessive scarring. These problems tend to run in families and occur in about 5 to 15 percent of wounds.



Identifying Hypertrophic Scarring

- Raised fleshy bump surrounding a piercing that stays within the bounds of the injury
- Usually somewhat pink or red in color, at least initially
- Not tender; may itch
- Tends to form during the healing period
- No pus or other drainage

What to Do for Hypertrophic Scarring

Try one of the following methods at a time:

- **NEW!** If your piercing is on your helix (ear cartilage) or other area where a disc might sit flush against the scar tissue, check out the [No-Pull Piercing Disc](#).

- A simple and inexpensive form of *compression therapy* (continuous mechanical pressure on a scar to flatten it) using Micropore breathable paper tape. It comes in “flesh tone,” which will not be visible on certain shades of skin. I personally found this to be effective in diminishing a hypertrophic scar that had formed on the back of one of my ear cartilage piercings. This is best used on healed piercings.
 - Use scissors to cut a piece of paper tape that will fully cover the entire bump plus a millimeter or so of unaffected tissue. Use a clean hole punch to create a tiny dressing for the smallest of bumps.
 - Cut a slit to the center of the bandage so you can place it around your ring or bar; you should be able to completely seal the piercing without covering the jewelry, as a Band-Aid would.
 - Wear the tape continuously and change it when necessary. It can be left on during normal bathing.
 - Discontinue if you do not see improvement in two to three months.
- Frequent mild [saline soaks](#) plus topical application of alcohol, 3 percent hydrogen peroxide, tea tree oil, or Campho-Phenique twice daily for two to three weeks. If you don’t see any improvement, try one of the other options. (The phenol in Campho-Phenique is a caustic substance that destroys tissue, so use it carefully.)
- Over-the-counter alpha hydroxy acid (AHA) cream used according to package instructions. This exfoliates skin and may diminish scar tissue over time. Use only over-the-counter strength (containing less than 10 percent AHAs). This concentration promotes exfoliation but is not potent enough to generate collagen production, which can increase the size of your hypertrophic scar. This product can cause sun sensitivity.
- Daily massage with [emu oil](#) or other nonirritating oil or lotion to soften the tissue can be added to the following methods:
 - Topical treatment with an over-the-counter corticosteroid cream according to the package instructions.
 - Topical application of a chamomile tea bag compress for fifteen minutes, three times a day, for two weeks.
- Some piercees find laser or other medical treatments are effective for hypertrophic scars. See a dermatologist for other treatment options.

Infection: Abscesses

An *abscess* is a pocket of infection containing pus, trapped under the skin, surrounded by inflamed tissue. Medical research shows that abscesses usually occur long after the initial piercing—on average from four to twelve months later.

An abscess can be created when jewelry is removed from an infected piercing, thus eliminating the pathway for pus and matter to leave the body, trapping the infection inside. Occasionally an infection will occur and an abscess will form adjacent to a piercing when jewelry is in place. This is more apt to happen if your jewelry constricts the tissue because the initial size was too small, or because of an unexpected amount of post-piercing swelling.

Identifying an Abscess

- Tenderness, pain, inflammation, heat, and swelling at the site of a hard localized mass (feels like a marble under the skin). In the case of nipples, the duct system can result in an abscess forming inches away from your piercing.
- Redness or darkening of skin (if the abscess is closer to the surface, rather than very deep underneath).
- Worsens over time and may cause nausea, fever, and chills if severe.
- Infections caused by the bacterium *Mycobacterium abscessus* have been described as *cold abscesses* because of the absence of tenderness and inflammation. This means you could have an abscess when a hard mass is present, even if you don’t have any of the other symptoms.

What to Do for an Abscess

- For milder cases (a localized abscess without systemic symptoms such as fever or nausea), [saline soaks](#) or application of warm-to-hot moist compresses might cause spontaneous drainage.
- Switching to [jewelry](#) of a thinner gauge may also help to encourage drainage if the mass is close to an opening of the piercing.
- Elevating the area and taking over-the-counter analgesics according to package instructions may help to make you more comfortable.

If the abscess does not drain within forty-eight hours as a result of these steps, or if symptoms worsen, a visit to the doctor is urgent. Infection can spread to deeper tissue or the bloodstream if untreated. This is serious!

- If red streaks emanate from the site, the lump is larger than 1/2 inch across, or a fever is present, you *must* visit the emergency room right away, as the infection may have spread and become [cellulitis](#) (discussed next).
- An incision and drainage procedure to empty the pus-filled cavity is commonly needed. If the abscess is in close proximity to the piercing, the channel may be lost (cut) in the process.
- Antibiotics alone will not necessarily resolve an abscess. It usually must be cleared out as well. In fact, doctors sometimes drain an abscess without prescribing antibiotics.