discontinuation of his etanercept for 2 weeks. The other patient, who underwent a root canal while taking etanercept, described a wound site infection that was treated with a single course of antibiotics. This patient did not stop taking her etanercept in light of the infection. There were no reports of bacteremia or sepsis. Five of the six patients whose anti–TNF-α agent was held before surgery experienced psoriasis flares within days of the missed dose.

Though the sample sizes are too small to draw conclusions about the empiric safety of perioperative anti–TNF-α use, this pilot study highlights the current practices in dermatology based on the perceived safety of continuing these drugs before surgery. Because there is currently no established standard of care regarding the perioperative use of these agents, the decision of whether or not to continue the drugs during this time is left to the discretion of the prescribing physician. The lack of objective data available to guide these decisions means that they are likely to be based primarily on the individual physician’s own comfort with using the drugs.

A prospective study will be useful to determine the true safety of continuing anti–TNF-α agents perioperatively. Whether prophylactic antibiotic use improves any increased infection risk will be another important question to answer. It will also be important to weigh the risks associated with the high likelihood of a psoriasis flare if an anti–TNF-α agent is discontinued against those related to the possible increase in postsurgical complications if the agent is continued.

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Tanning bed hygiene: Microbes found on tanning beds present a potential health risk

To the Editor: The growing popularity of artificial tanning among adolescents and young adults is a cause for concern. On an average day in the United States, more than 1 million people tan in tanning salons. A recent study found that in most US cities, the density of indoor tanning facilities exceeded the numbers of two major institutions: Starbucks and McDonald’s.1 Studies have documented the increased risk of skin cancer in tanning bed users.2 There is currently little uniformity in the guidance provided by government, health agencies, or medical associations in regulatory approaches taken or proposed for the sanitary guidelines of the tanning salons. Although general cleanliness is encouraged, most states have no monitoring or enforcement methods. The purpose of this study was to investigate the microbiologic environment of the tanning salons by obtaining cultures from the tanning beds in 10 top-rated tanning salons in New York City to determine the sanitary status of the tanning beds.

Ten tanning salons located in Manhattan’s Upper East Side were selected based on their top rating in the “Best of New York” listing in New York Magazine. The lead investigator visited the salons and purchased one tanning session at each salon. Specimens were obtained using one sterile swab premoistened with nonbacteriostatic sterile saline solution. Samples were taken from the middle portion of a tanning unit in each salon, on the bed area where a patron’s skin contact typically occurs. Cultures were plated on blood agar and then incubated at 37°C for 36 hours.
In our study, no cleaning efforts by salon staff were observed before use of the tanning bed (one salon had a card placed on the bed stating that the bed had been cleaned). Cultures of all of the establishments studied (10/10) grew out pathogens (Fig 1). For the 10 establishments tested, five organisms were isolated from one site, four from one site, three from five sites, two from two sites, and one salon had one isolated organism. The most commonly found pathogens were *Pseudomonas* spp. (*aeruginosa* and *putida* [5/10]), *Bacillus* spp. (5/10), *Klebsiella pneumonia* (4/10), *Enterococcus* species (3/10), *Staphylococcus aureus* (3/10), and *Enterobacter cloacae* (2/10).

The pathogens found in these tanning beds have been associated with serious skin infections. Given the direct contact of the skin of tanning salon patrons with the tanning bed surfaces tested, a concern for pathogen transmission and cutaneous infection is real.

Legislatures in many states and counties have intervened to increase the regulation of tanning salons. However, few states have clear guidelines for indoor tanning bed sanitation regulations, and these regulations are rarely enforced. According to the New York State Department of Health 2008 regulations, all salons are required by law to provide “adequate antimicrobial treatment by a disinfectant determined to be capable of destroying pathogenic organisms on treated surfaces.” Based on the findings of this study, salons are not adhering to this policy. Other surveys also have shown poor rates of compliance with safety recommendations, making our experience not unusual. Studies have shown that cleansing of the ultraviolet beds between patient visits varied from no cleansing at all to a sponge application of tap water or isopropyl rubbing alcohol. Perniciaro et al also revealed tanning beds as a likely source for sporadic indirect patient-to-patient transfer of human papillomavirus.

This study shows that the risks associated with tanning bed exposure may go beyond skin cancer. The current regulations do not appear to be effective in ensuring hygienic conditions in tanning beds.

**Fig 1.** Blood agar plates 24 hours after samples were obtained from four of the study sites.
There is a need for strict enforceable sanitation regulations for tanning salons in order to prevent the transmission of pathogenic organisms that could cause serious health problems.

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CASE LETTERS

Hypertrophic scars from surgical staples mimicking folliculitis

To the Editor: Hypertrophic scars commonly occur in response to even mild trauma. We report an unusual presentation of multiple hypertrophic scars resulting from surgical staples. A 23-year-old Vietnamese man developed toxic epidermal necrolysis to carbamazepine and was treated with porcine skin allograft sheets, which were secured with surgical staples, and continued supportive care in our burn unit with complete recovery. Four to 5 weeks after discharge, he developed widespread pruritic red papules. He denied fevers or other systemic complaints. His medical history included anxiety, which was treated with alprazolam, and allergic rhinitis, which was controlled with cetirizine. A physical examination revealed dozens of paired 4-mm dome-shaped, firm, red papules on all four extremities and the lateral trunk, sparing the back. On the arms and trunk, the pairs were reproducibly spaced 7 to 8 mm apart, while on the legs they were 10 mm apart. Miliaria rubra, bacterial folliculitis, a lichenoid drug eruption, and

Fig 1. Red papules on the arm. The inset shows a closed surgical staple for size comparison (arrow). An identifiable tattoo has been digitally blurred to protect patient privacy.