Reviewer's report

Title: Body art practices and health risks: Awareness of the youths in the province of Naples, Italy

Version: 2 Date: 22 May 2011

Reviewer: myrna armstrong

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Major compulsory revisions:
RE manuscript Body art practices . . . Italy
I was so pleased with your revisions yet sometimes when those revisions are made, other problems become more apparent . . 
P3 first paragraph. You say” mainly among adolescents from 12 to 18 years of age . .. believe the highest amount of those with body art are from 18 to 25, although there is a close amount that are among those adolescents from 12 to 18 years of age.
Should ever to be changed to Even, middle of 2nd paragraph (right, end word)
Overall, that review of the literature paragraph on page 3—as a reader trying to get an understanding of rates, etc, I would be very confused from all the various amounts from the different studies,--what is the figure you want the reader to walk away with after reading this paragraph. Give some type of summarizing sentence . . .Overall adolescents 12 to 18 tend to have a rate of 11-17% with tattooing and 25-25% have body piercing? Your review of literature should set a basis, then you can discuss your group for comparsion.
P4 Do you want to say. The lack of care of tattooed/pierced sites may be as dangerous as the onset of any infectious complications?
“operators who ignore or do not apply risk-control measures (reference?)
P5 The focus of our investigation was to identify the best target for further health information campaigns, which in our hypothesis was the adolescent age class?
P6 near bottom. Mean age “at” the first . ..
P7 your statement . . but only about 3.5% . . . HBV and HCV and HIV . . . actually when you look at the medical literature, while there is the POTENTIAL of HBV and HCV (and very little literature on amount or actual presence) and there is virtually NO existence of HIV. I believe we are probably pretty lucky that they had such good knowledge about the possible transmission of infectious diseases.
P8 As for the mode of removal—as I reviewed your survey, there was no choice for the “best removal choice” which is lasers—that is the most common. Do you think they were confused about a response?
Page 9, discussion
“an increase in related health complications. –or is it more health care
professionals publishing about the problems. Your 7% is close to Mayers (2002) 9%. . . . with all the media attention on body art, the customer is probably more knowledgeable

P10 2nd paragraph. You statement “that women getting more piercings because of the diffuse habits to pierce the earlobe of toddlers in our country. (please provide reference). That is a new rationale - - probably due to women use to wearing jewelry, whereas men, not so “macho”. If that rationale was true—hispanics would be wearing more body piercing and they do not typically do so . .

P11 university students “I do not know why” . . . did they just want to “try it” and see if they liked it, if not, they always say they can remove it.

P12 I was impressed with your finding that the operator was the main source of information—good, need to give them kudos and tell how effective they were and hope that they will continue and perhaps even do more.

On page 5, you say that your investigation was to better target adolescents for education, yet your last paragraph on p12 is rather weak on types of education that should be presented, how, to whom, and how to reach each group that you surveyed. Here is the section to clearly make a push for your intent of the study. After your research, what is it you want to have included in that educational program?

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests