

The increased incidence of oral piercing among young people has raised concerns amongst dental and medical professionals because of the accompanying risks to oral and general health.

Because the mouth contains millions of bacteria, infection is a common and dangerous complication of oral piercing. There are many other potential complications of oral piercing:

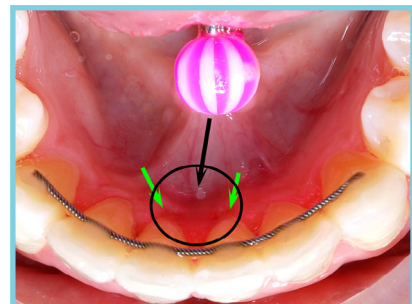
- Problems during dental/orthodontic examinations and the taking of X-rays
- Pain, swelling, infection, an increased flow of saliva, drooling and injuries to the gum tissue
- Taste loss, chipped or cracked teeth, tooth loss, severe and difficult-to-control bleeding, blood poisoning and blood clots
- Pulpal sensitivity potentially stemming from contact between galvanic currents in stainless steel ornaments and other intra-oral metals
- Gingival (gum) recession when the post or button of the stud hits and rubs against the gum tissue, causing tissue damage
- Tooth fracture resulting from the post striking the side(s) of a tooth, causing the tooth to fracture or chip
- Rare but potentially fatal outcomes of infections resulting from oral piercing include Ludwig's angina (a bacterial infection of the floor of the mouth) and endocarditis, which occurs when bacteria travels through the piercing hole into the bloodstream and infects the heart
- The barbell contributes towards appliance breakage, prolonging orthodontic treatment
- The barbell can make it easier for the lingual retainers which are bonded to the back of the teeth, to detach
- Playing with the barbell which is pierced in the tongue can result in a space between the incisors



Interincisive diastema caused by a barbell-shaped stud.



The above picture shows how a patient can play with his barbell between his teeth.



The above picture shows the presence of gingival recession (green arrows) in the central incisors. When the tongue is at rest against the lower teeth, the ball pushes against the gum and teeth (black circle) causing a slight pressure or rubbing. This pressure or rubbing is sufficient to wear away the thin layer of gum tissue covering the roots.



Conclusion

Oral piercing, and more particularly **tongue piercing, is not without risks and severe consequences**. Due to these risks, Chapel Road Orthodontics will not offer treatment to patients whilst oral piercings are present.

Where patients under treatment present with such a device, a serious discussion will be entered into between the clinician in charge of the case and the patient/parent. Every effort will be made to persuade the patient to permanently remove the device.

In the event that this fails, for reasons indicated above, it may be necessary to discontinue treatment and remove the Orthodontic appliances.

References

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