

# TOOTHFULLY. *speaking*



**Dr. Preeti Desai**

## ORAL PIERCINGS

Body piercings are centuries old and allowed cultures to express individuality or royalty through ornamentation. Mayans pierced tongues for spiritual purposes; indigenous peoples pierced the female infants' lips as part of a purification ritual or the lower lips of boys as they passed into puberty. Recently, piercings have become popular in Western society. It is important for people to recognize various warning signs of infection and complications if considering an oral piercing.

Lip piercings come in 13 different styles all of which cause trauma and gingival recession regardless of a stud or lip ring; even if a flat stud or a bioplastic backing were used. The gingival trauma and recession in relation to lip studs can be fixed if identified early but I have seen tooth loss as a result of undiagnosed chronic trauma.

The most common type of oral piercing is the tongue piercing. Whether horizontal or vertical, the surgical steel approved for use is the least allergenic and chosen for durability and strength; but is also the heaviest metal and most traumatic to teeth and gingiva. Titanium, gold and acrylic may chip teeth less, but if you have veneers or ceramic crowns you are out of luck! Acute complications can occur immediately after a piercing such as: tongue swelling, pain, changes in speech, difficulty in swallowing and mastication and allergic reactions to metal. Chronic complications include fracturing of the teeth and restorations, tooth death, trauma to the gingiva, localized tissue overgrowth, split/bifid tongue, persistent difficulties in oral functions, and swallowing of the piercing or parts.

Very rarely but fatal is the risk of toxic shock syndrome occurring from an infected oral piercing. Blood borne infections are also a cause for concern if sterile needles are not used (piercing guns cannot be sterilized completely). The risk of airway obstruction, endocarditis can occur when bacteria pass through the piercing into the bloodstream or enter a space in the neck causing fatality.

Patients should avoid certain activities after receiving a piercing: swimming, inappropriate drying of site, sleeping on the piercing, applying makeup to the site, smoking and tanning. Cleaning the piercing is a basic: as naturally occurring oral bacteria can create a yellow/green discharge from the site but also thicken the tissue causing sensitivity, pain, edema, inflammation, abscess, bleeding, and low-grade fever. Bleeding is often the case with perforation of a lingual blood vessel but can occur anytime during the healing process from touching, picking, drinking alcohol, or taking ibuprofen/ASA for pain relief.

Long-term side effects of oral piercings need to be stressed to patients as these will require time and money to correct. Damage to teeth is the most common long-term side effect from oral piercings, such as chipping, tooth abrasion, and fracture of cusps while gingival recession is THE MOST common thing I see resulting in tooth loss! So be informed before you PIERCE!



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