

RESEARCH SUMMARY

Investigating tongue piercing

An investigation into the practice of tongue piercing in the South West of England

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Objective

To investigate the prevalence and range of complications following tongue piercing.

Methods

A survey of individuals with tongue piercings ('piercees') and tongue piercers was undertaken in the South West of England. One hundred and twenty-three piercees completed a self-administered questionnaire and 22 piercers took part in an interviewer-led questionnaire.

Results

The mean age of an individual having a tongue piercing was 19 years old. Almost all the subjects reported problems following piercing; early problems were mainly due to tissue trauma, whereas later, ingestion of jewellery and tooth fracture were common events. A minority (7%) of piercees required the advice of a healthcare professional following tongue piercing. The majority of piercers reported adequate cross-infection measures and enquired about their clients' health prior to piercing. However, only one piercer was aware of the risk of bacterial endocarditis following tongue piercing. Most of the piercers reported that they would advise their clients to attend an Accident and Emergency Department if a serious complication ensued.

Conclusion

Tongue piercing may be associated with significant short-term and long-term morbidity, including tooth damage. Although the majority of piercers interviewed reported adequate cross-infection controls, knowledge of the medical risks associated with tongue piercing varied widely.

IN BRIEF

- Reveals the problems experienced by individuals who undergo tongue piercing.
- Shows the working practices of tongue piercers.
- Suggests that dental trauma is a long-term consequence of wearing tongue jewellery.

COMMENT

It should be of concern to all members of the dental team that, outside London, the practice of body piercing and hence tongue piercing is not regulated. In view of its increasing prevalence this is a timely study, which reminds us of its associated problems and highlights the need for legislation to help ensure uniform practice across the country.

The research was in two parts. In the first part the researchers attended four social events where they thought that they might meet people with pierced tongues and they did! Bias may have been introduced by identifying their sample in this way but it is difficult to see how this might have altered the results.

One hundred and twenty-six people, who were over 18 years old and had undergone piercing in the previous five years, met the inclusion criteria. One hundred and twenty-three of them returned a questionnaire about the piercing. While it is encouraging that most said they were well informed about what to expect, it is worrying that 99% reported having experienced problems after their tongue had been pierced. Just over half of these problems occurred in the first 24 hours. Sixteen individuals had sought advice immediately following the piercing but only two had needed to visit their dentist.

In the second part of the study 22 piercers out of 29 working in the area agreed to be interviewed. All but one provided written advice to clients, but no information was given about how to manage any bleeding that may have occurred after the piercing. Cross infection control was felt to be good – all piercers reported using an autoclave to sterilise their instruments. Thus there would appear to be few potential problems for healthy patients.

Although 19 (86%) of piercers said that they enquired about the health of their clients, only one specifically asked about a history of heart valve disease or conditions that would increase the risk of developing bacterial endocarditis. This deficiency needs to be remedied urgently.

Tooth fracture was reported by 31% of individuals. Trauma to posterior teeth is associated with the length of the barbell and can be reduced by changing this for a shorter one when the swelling has subsided. Whether or not clients were told about this is not reported but it provides a starting point for dentists and their teams to provide helpful advice to patients.

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doi: 10.1038/sj.bdj.4813151