VERIFIABLE CPD PAPER

IN BRIEF

- Tongue ornaments are seen with increasing frequency in the dental practice.
- Complications of tongue ornaments can manifest themselves even after their removal.
- Anatomic malformations may follow innaccurate placement of tongue ornaments.
- Complications of tongue piercing may have psychiatric implications.

Bifid tongue — a complication of tongue piercing

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Tongue piercing is associated with significant morbidity. We report on a patient with a bifid tongue defect following insertion of a tongue ornament. This abnormality resulted in severe emotional disturbance.

INTRODUCTION

Body piercing is defined as 'a penetration of jewellery into openings made in such body areas as eyebrows, helix of ears, lips, tongue, nose, naval, nipples and genitals'.[1] In the United States up to 42% of male and 60% of female college students have body piercings.[2] The incidence of piercings is increasing steadily. Tongue piercing is also gaining in popularity. Unfortunately tongue piercing often has complications. A plethora of previous complications have been reported. In this case piercing resulted in a bifid tongue.

CASE REPORT

A 17-year-old male was referred to the maxillofacial department with a bifid tongue. He had a tongue ornament placed one year previously during a period of severe psychiatric disturbance. The area became infected and healed over leaving the tongue divided in the anterior midline. Since then the tongue stud had been removed.

The patient was also under the care of a consultant psychiatrist. The defect exacerbated his underlying psychiatric condition. He became very insular in nature developing a reluctance to speak, or even open his mouth, as he attempted to conceal the abnormality.

A 15 mm long defect in the anterior midorsum extended through to the ventral surface (Fig. 1). On protrusive movements the edges splayed further apart. The tongue was repaired under general anaesthetic as a day case. The edges of the defect were excised using diathermy and the wound sutured in layers. The patient was given appropriate oral hygiene instruction and advised in mouth care. The tongue healed without complication (Fig. 2).

DISCUSSION

Orofacial body piercing has been practised globally as far back as can be traced.[3] Tribal societies, particularly in Africa, Asia, and South America, practise piercing routinely.[4] However, since the late 1970s piercing has undergone a renaissance in western countries.

Tongue ornaments are placed with a 14–16 gauge needle after clamping the tongue. The procedure is commonly carried out without local anaesthetic.[5]

Oral complications of tongue piercings have been well documented.[6] Early complications are often serious. Critical upper airway compromise 48 hours after placement of a tongue-stud because of swelling has been reported.[7] Aspiration

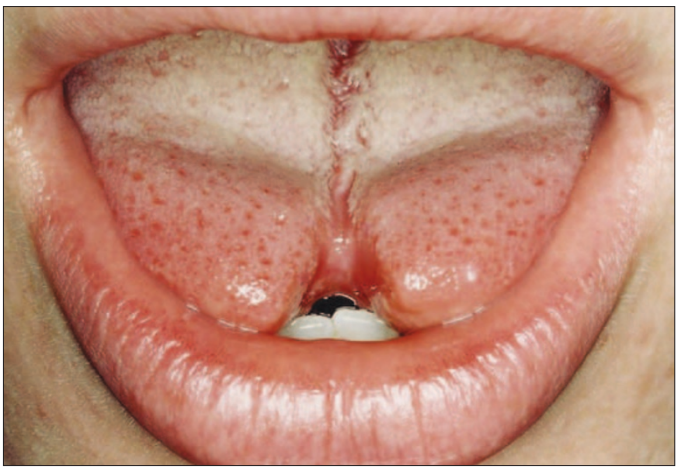

Fig. 1 Defect in anterior midline of tongue

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Refereed Paper
doi: 10.1038/sj.bdj.4812117
Received 04.11.03; Accepted 04.02.04
© British Dental Journal 2005; 198: 265–266

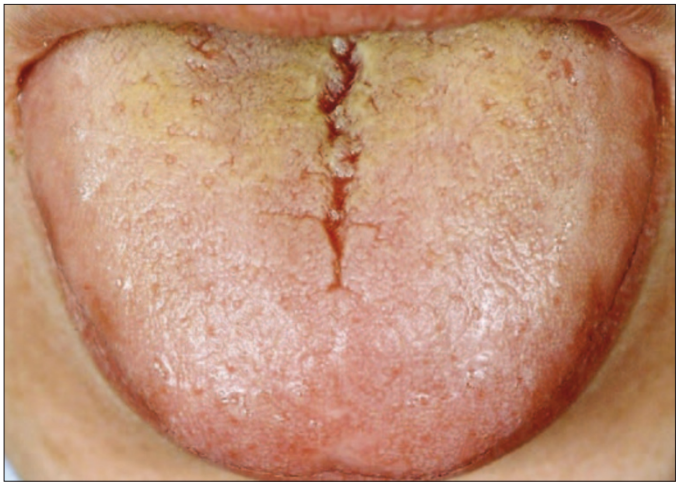

Fig. 2 Healing defect three months post-operatively

of jewellery may also result in airway compromise. Infection with *Staphylococcus aureus,* and pseudomonas spp., and Neisseria endocarditis[8] are documented. Cerebral abscess has been linked to a tongue piercing.[9] A case of serious bleeding resulting in hypotensive collapse has been published.[10] Lingual nerve damage is also possible.

The possible transmission of infections such as hepatitis and HIV must also be considered. Sterile techniques, use of disposable gloves and instruments and autoclaved jewellery are necessary to limit this possibility.[11]

Later complications include trauma to teeth and the periodontium,[12] calculus formation, galvanic and hypersensitivity reactions, fractured studs,[13] and buried studs.[6] Functional problems including dysphagia,[14] dysphonia and hypersalivation have also been reported.

In this instance inaccurate placement of a tongue stud and subsequent infection led to a serious anatomical malformation. This defect required surgical correction. Only following intervention was this patient fully capable of social interaction.

Unusual malformations may be attributable to tongue piercings. These abnormalities may occasionally present when ornaments are no longer *in situ*. Patients contemplating tongue jewellery should be counselled on early and late complications. Likewise dentists must be aware of the pitfalls of orofacial jewellery. The authors feel placement of tongue studs is not part of the practice of dentistry and should be avoided in the dental setting in accordance with the principle that surgeons should above all do no harm.[15]

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