

## CASE REPORT LETTERS

## OMFS

## Tangled upper lip

Sir, a 20-month-old boy was brought to the emergency department after sustaining an injury to his upper lip by an unusual mechanism. The child had placed a battery-powered dry skin remover, intended for foot care, against his face while his mother's back was turned. The device's blade caught the child's upper lip, and the lip became tangled. The child's mother turned off the device and disconnected its battery, but she was unsuccessful in her attempts to dislodge the foreign body.

On examination, a cylinder blade, located within a white plastic housing, was firmly attached to the vermilion of the upper lip (Fig. 1). The child was reluctant to allow examination and refused any attempts to remove the device. It was decided that treatment under general anaesthesia would be necessary to facilitate



Fig. 1 Foreign body attached to child's upper lip



Fig. 2 Intraoperative photograph demonstrating the disassembly of the blade housing using a surgical cross-head screwdriver

predictable removal of the device and to allow safe management of the lip wound.

An inhalational induction was administered via a nasal mask to accommodate the position of the foreign body. During examination under anaesthesia, it was obvious that it would not be possible to remove the blade unit intact without causing further tissue maceration. The blade's plastic housing was therefore disassembled using a variety of surgical instruments, including universal cross-head screwdrivers, and the lip tissue was manipulated free (Figs 2). There was a limited superficial 10 mm laceration with localised oedema, no tissue ischemia, and no necrosis. The wound was thoroughly debrided and left to heal by secondary intention.

In view of this mechanism of injury, the child was prescribed co-amoxiclav oral suspension and miconazole oromucosal gel for five days, and arrangements were made for follow-up in two weeks. It was agreed that the cause of injury in this child's case was unintentional and self-inflicted. At our outpatient review, there had been no complications, and the wound appeared to be healing well.

An internet search reveals a wide variety of battery-powered dry skin removers available for purchase. The device implicated here was rather unusual in its construction, and we have been unable to locate any similar device. Most commonly these devices appear to have an abrasive rotating roller rather than a cylinder blade.

To the best of our knowledge this presentation has not been previously described, and this case adds to the broad spectrum of oral injuries presenting in the Emergency Department.

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## DIY whitening

Sir, I work at a maxillofacial department where I saw a 14-year-old female patient attend our department regarding a foreign body stuck in her mouth (Fig. 1). The patient was undergoing orthodontic treatment with fixed appliances and used a thermoplastic material by the name of 'Thermomorph' to construct her own whitening tray. The tray

remained *in situ* despite being sectioned through the midline (Fig. 2) and unfortunately ended up being removed under a general anaesthetic.

This case highlights the importance of a psychosocial history for adolescent patients considering orthodontic treatment and the concerning trend of 'do it yourself dentistry'<sup>1</sup> where patients may be using unlicensed products without professional supervision.<sup>2</sup> Fortunately, in this case there was no significant damage to the underlying permanent dentition or soft tissues, but it is easy to see how there could have been serious consequences or complications. I think it is important that we as a profession raise awareness amongst ourselves and the public of the risks of DIY dentistry and the benefits of seeking professional advice from a registered dental professional.

A. Omran, by email

1. Armstrong S, del Arbol M R. The rise of DIY dentistry: Britons doing their own fillings to avoid NHS Bill. *The Guardian* 3 April 2015. Available at: <https://www.theguardian.com/society/2015/apr/03/rise-of-diy-dentistry-britons-doing-own-fillings-to-avoid-nhs-bill> (accessed 18 May 2017).
2. British Orthodontic Society. BOS Statement: Do it yourself braces. Available at: <http://www.bos.org.uk/News-and-Events/BOS-Statement-Do-it-yourself-braces> (accessed 18 May 2017).

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Fig. 1 A 14-year-old female patient with foreign body attached to her mouth



Fig. 2 The tooth whitening tray remained in the patient's mouth despite being sectioned through the midline