

# Oral Piercing Complications- A Questionnaire Based Study

Anupama Deepak<sup>1</sup>, Dr.Nithya Jagannathan<sup>2</sup>

*1<sup>st</sup> Year Student BDS<sup>1</sup>, Reader<sup>2</sup>*

*Department of Oral Pathology, Saveetha Dental College, Chennai*

## Abstract

**Purpose:** To assess the complications of oral piercing using a questionnaire. The present chapter examines the outcome of oral piercing between professional students of age group 17-25. Oral piercing involves the insertion of jewellery into the tongue, lip, cheek, frenum, uvula or other parts of the oral cavity. Adverse effects could be systemic like Hepatitis B or C or local disease like alteration of mucosa or with no complications.

**Methods:** This chapter is based on a questionnaire consisting of 14 questions and it includes 46 males and 54 females.

**Result:** This research is done to assess the complications of oral piercing and eliminate the future adverse effects of the oral cavity and in maintaining a good oral health.

**Clinical significance:** Dental professionals should be aware of the increasing number of patients with pierced oral sites and should be able to provide appropriate guidance to patients contemplating body piercing of oral sites.

**Keywords:** Oral piercing, oral complications, health risks and perioral diseases.

## INTRODUCTION:

The practice of undergoing piercing has ancient origins. This has been recently spread among the young people and there is increase in the issue of potential health complications. Oral piercing is defined as the insertion of jewellery in the oral cavity namely, the lips, uvula, tongue, cheek, frenum and other parts. Complications of oral piercings may include local and general complication, with severe health consequences. These include cross-infection (HIV, HCV etc), gingivitis, short and long-term local effects like (ageusia, hypogeusia, gingival recession, dental fracture etc) and allergic reactions to the materials used. It is also the puncturing of body parts with metallic adornments. There are various kinds of oral piercings such as ball shaped, cone shaped and cylindrical. Most of the pierces are uneducated or with low middle school level of education. Body piercings are usually done surgically by skilled and expert practitioners. The possible reasons for people to take up oral piercings include- religion, fashion, tradition and rituals of belonging to a social group to distinguish myself from the other. The pierces take these piercings as a modern trend which involves in attracting the opposite sex but it is important for them to know the adverse effects which cause due to oral piercings.

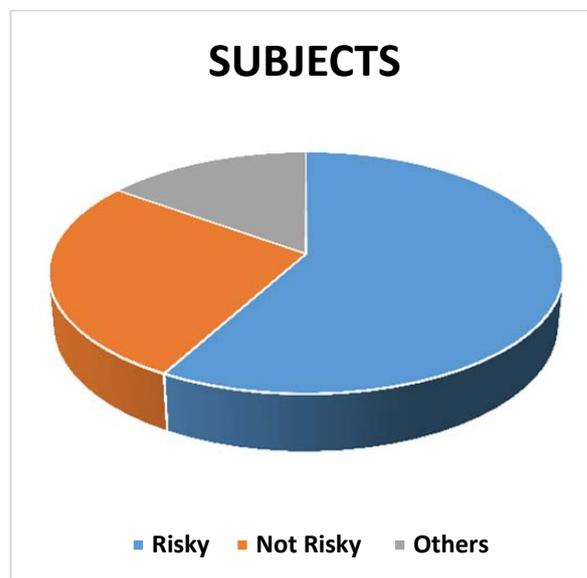
## MATERIALS AND METHODS:

A questionnaire based chapter consisting of 14 questions were prepared and it was distributed among 100 subjects consisting of 46 males and 54 females aged between 17-25 years. This research was done to analyse complications of oral piercing and the risks associated with it. The informed consent were obtained from the subjects and made to answer the following questions based on the risk factors, types of instruments used etc. The subjects were made to work rapidly and to submit the immediate response to each

item. After completion by the subjects, the responses were evaluated and interpreted in accordance to the level of risk factors.

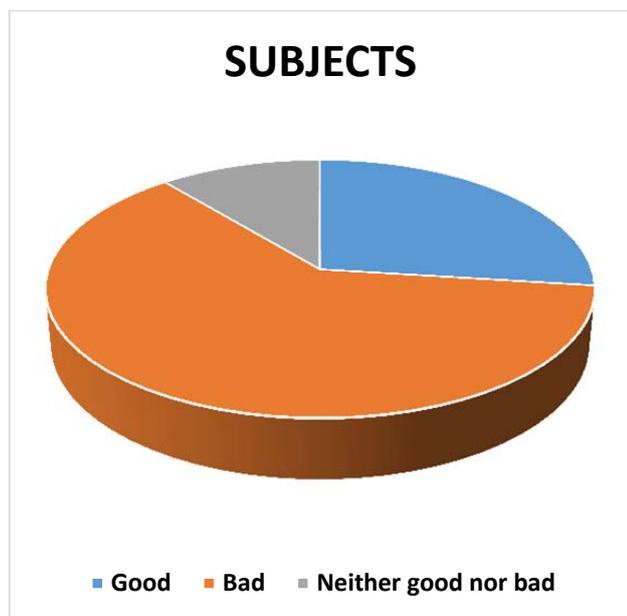
## RESULTS:

Figure 4.1: Risk prevalence among the subjects.



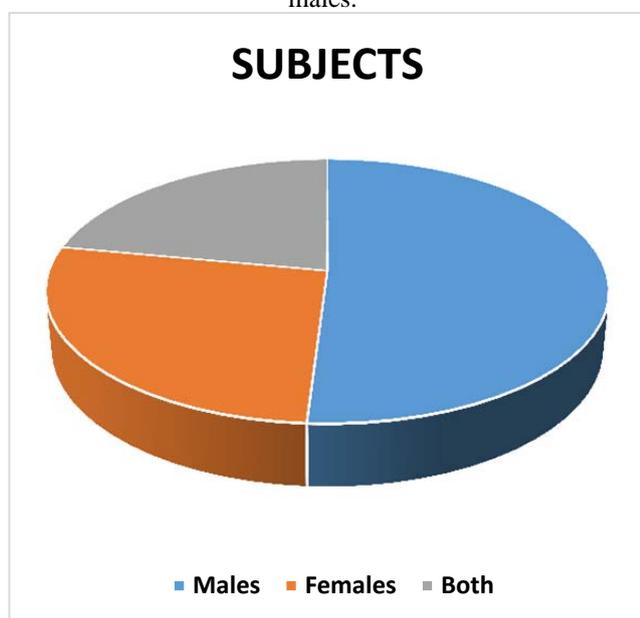
S.No:	SUBJECTS
Risky	58
Not Risky	27
Others	15

**Figure 4.2:** Oral piercing considered as good or bad among the subjects.



S.No:	SUBJECTS
Good	27
Bad	62
Neither good nor bad	11

**Figure 4.3:** Prevalence of oral piercing among females and males.



S.No:	SUBJECTS
Males	51
Females	27
Both	22

**DISCUSSION:**

This study was done to analyse the positive and negative effects of oral piercing and to know what subjects think about piercings. From the above study, 58 subjects think that oral piercing is risky and is a complicated one, whereas 27 subjects think that they are not much risky, thereby concluding that undergoing oral piercings are not appreciated in the society. Considering the number of subjects who feel it to be attractive in males and females, the males show high level of degree of 51, whereas females show 27, thereby concluding that it looks attractive on males than females. Considering the positive and negative side of piercings that are done in various parts of the oral cavity, 27 subjects consider it to be good, whereas majority of the subjects, 62 of them consider it to be bad, thereby concluding that oral piercings are not safe for our health as it can lead to complication such as gingivitis, peri apical and perioral diseases.

**CONCLUSION:**

Overall, oral piercings have emerged as an attractive source among the youngsters in our society. The subjects are not completely satisfied about the complications and in spite of it there are individuals who undergo oral piercings for religious and attractive purposes. Oral piercings are not completely hazardous, but they do have some direct and indirect effect on the soft and hard tissues. Therefore, the subjects undergoing oral piercings can be given some recommendations in order to avoid certain risks associated with this such as- using small jewellery that can have least side effects, Undergoing regular checkup, Limiting the usage of drugs as the constituents of drugs can have a direct effect on the jewellery and oral health.

**REFERENCES:**

1. Armstrong ML, Roberts AE, Owen DC, Koch JR. Contemporary college students and body piercing. *J Adolesc Health* 2004;35:58-61.
2. Smith RA, Wang J, Sidal T. Complications and implications of body piercing in the head and neck. *Curr Opin Otolaryngol Head Neck Surg* 2002;10: 199-205.
3. Lopez-Jornet P, Navarro-Guardiola C, Camacho-Alonso F, Vicente-Ortega V, Yanez-Gascon J. Oral and facial piercings: A case series and review of the literature. *Int J Dermatol* 2006;45:805-809.
4. Guiard-Schmid JB, Picard H, Slama L, et al. Piercing and its infectious complications: A public health issue in France. *Presse Med* 2000;29:1948-1956.
5. Biggar RF, Haughie GE. Medical problems of ear piercing. *N Y State J Med* 1975;75:1460-1462.
6. Cossette JE. High ear-piercing. *Otolaryngol Head Neck Surg* 1993;109:967-968.
7. George J, White M. Infection as a consequence of ear piercing. *Practitioner* 1989;233:404-406.
8. Strom BL, Abrutyn E, Berlin JA. Dental and cardiac risk factors for infective endocarditis: A population-based, case-central study. *Ann Intern Med* 1988;129: 761-769.
9. Thorne M. Pathological conditions following piercing of the lobules of the ear. *JAMA* 1894;22:110-112.
10. Mamtani R, Mahotra P, Gupta PS, Jain BK. A comparative study of urban and rural tetanus in adults. *Int J Epidemiol* 1978;7:185-188.
11. Ramaje IJ, Wilson N, Thomson RB. Fashion victim: Infective endocarditis after nasal piercing. *Arch Dis Child* 1997;77:187.
12. Wright J. Modifying the body: Piercing and tattoos. *Nurs Stand* 1995;10:27-30.
13. Martinello RA, Cooney E. Brain abscess linked to tongue piercing. Presented at the 39th annual meeting of the Infectious Diseases Society of America, San Francisco. Oct 25 to 28, 2001.

14. Koenig I, Carnes M. Body piercing, medical concerns with cutting-edge fashion. *J Gen Intern Med* 1999;14:379–385.
15. Tweeten SS, Rickman LS. Infectious complications of body piercing. *Clin Infect Dis* 1988;265:735–740.
16. Perkins CS, Meisner J, Harrison JM. A complication of tongue piercing. *Br Dent J* 1977;182:147.
17. McCarthy VP, Peoples WM. Toxic shock syndrome after ear piercing. *Pediatr Infect Dis J* 1988;71: 741–742.
18. Ahmed-Jushuf IH, Selby PL, Brownjohn AM. Acute post-streptococcal glomerulonephritis following ear piercing. *Postgrad Med J* 1984;60:73–74.
19. Hardee PSGF, Mallaya LR, Hutchinson IL. Tongue piercing resulting in hypotensive collapse. *Br Dent J* 2000;188:657-658.
20. Meltzer DI. Complications of body piercing. *Am Fam Physician* 2005;15:2029–2034.
21. Armstrong ML, Ekmark E, Brooks B. Body piercing: Promoting informed decision making. *J Sch Nurs* 1995;112:20–25.
22. Armstrong ML. You pierced what? *Ped Nurs* 1996;22:236–238.
23. Mayers LB, Judelson DA, Moriarty BW, Rundell KW. Prevalence of body art (body piercing and tattooing) in university undergraduates and incidence of medical complications. *Mayo Clin Proc* 2002;77: 29–34.
24. Stirn A, Llinz A. Prevalence of tattooing and body piercing in Germany and perception of health, mental disorders, and sensation seeking among tattooed and body-pierced individuals. *J Psychosom Res* 2006;60:531–534.
25. Makkai T, McAllister I. Prevalence of tattooing and body piercing in the Australian community. *Commun Di*