
Self Piercing Of The Lip: A Case Report

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Abstract:

Body piercing has traditionally been associated with developing countries, but is becoming increasingly popular in North America. Oral piercing is usually performed by non-professionals, and has been associated with bleeding, local infections and trauma, and life threatening complications including systemic infection and aspiration. The authors describe a case of self-piercing, and review the procedure and complications associated with oral piercing.

MeSH Words: Piercing, Cellulitis, Body Art

Introduction

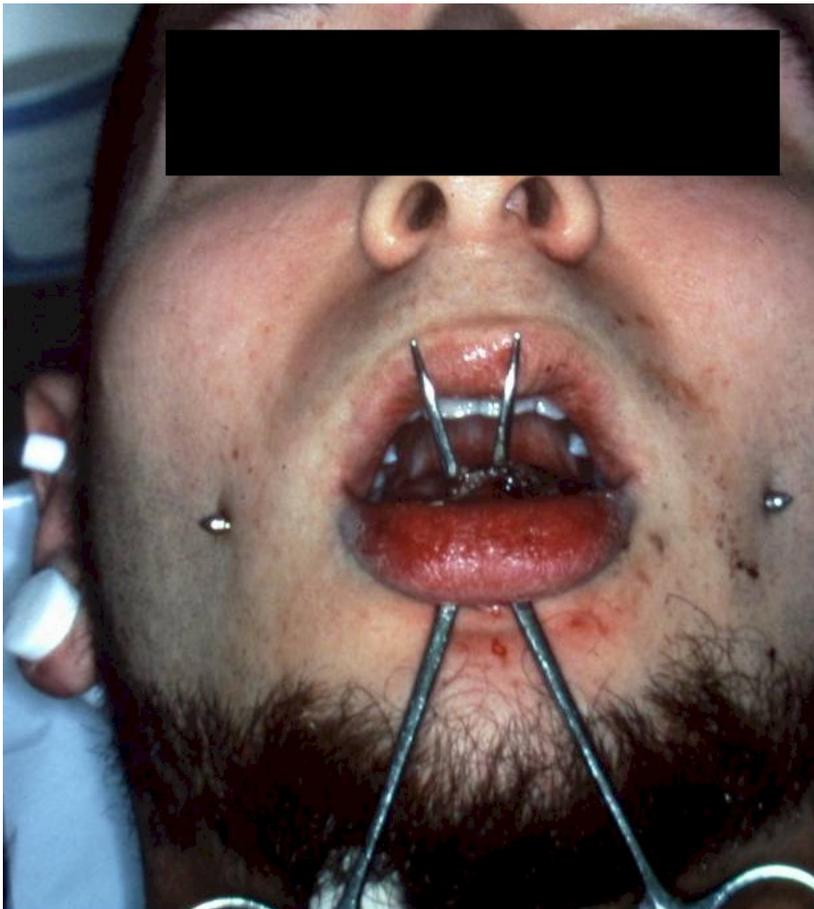
Body art has been well described in many civilizations. Body piercing, prevalent in many societies, has often served as part of a ritualistic practice to celebrate significant life events. While oral and perioral piercing have traditionally been associated with developing countries, piercing of the tongue and perioral area has become increasingly popular in North America. The impetus for the practice in North America is largely for aesthetic purposes, although associated 'spiritual' and sexual motivations are described.^{1,2}

Health care providers should become familiar with the sequelae, risks and complications associated with this practice. The following is a case report of one such complication due to an attempted lip piercing.

Case Report

A 23-year-old male presented to the emergency department of a downtown Toronto referral center. He had a self-inflicted laceration below the lower lip. The patient had been attempting to

Figure 1, 2: External view of wound through lip sustained in attempt at self-piercing. White object in midline is pre-existing body art.



pierce his own lip with a sterile scalpel without anaesthetic, and became alarmed when bleeding from the site appeared excessive. Following assessment by the emergency physician, he was referred to the Oral and Maxillofacial Surgery service for assistance with control of hemostasis and definitive treatment.

The patient reported a history of Attention Deficit Disorder for which he was taking Methylphenidate, and reported allergies to penicillin and latex.

Clinical examination revealed a 2-cm, full thickness, horizontal laceration just inferior to the vermilion border of the lower lip (Figure 1). Minor salivary glands were extruding from the wound, but bleeding was minimal. There was no evidence of right or left mental nerve paraesthesia.

Approximately 5 cc of 2% lidocaine with 1:200 000 epinephrine was infiltrated, and the wound was debrided and thoroughly irrigated with sterile saline. Resorbable sutures were then used to close the mucosal and muscle layers of the wound and the skin was re-approximated with interrupted 4-0 nylon sutures (Figure 2). The patient was discharged with prescriptions for Clindamycin, 300 mg, qid x 7 days, and Ibuprofen, 600 mg, q6h x 3 days.

He returned for follow up one week following treatment. He had no evidence of mental nerve paraesthesia and the wound appeared to be healing normally (Figure 3). His sutures were removed at this time and he was discharged from further follow-up.

Discussion

Oral body art can involve piercing of the tongue, cheeks, lips and uvula with the lower lip being the most popular.³ Removable hoops, studs, labrettes, or barbell-shaped devices are the most common form of oral jewelry. These devices are usually made from surgical grade stainless steel, 14 karat gold, or niobium.

Oral piercing is usually performed by non-professionals in established tattoo and piercing parlors.^{2,4,5} These people often have no formal training and varying levels of expertise.³ Tongue piercing is usually limited to the midline, anterior to the lingual frenum, thus avoiding lingual vessels and nerves. Lip piercing can be performed anywhere along the perimeter of the mouth. However, consideration must be given to where the jewelry will rest intraorally.⁶

The piercing procedure usually consists of the following steps: First, the lip or tongue is cleansed by rinsing with an antibacterial mouthwash prior to the procedure.

Figure 3: One week post-operative, mucosal surface. Anatomy has been largely restored to preoperative state.



The area is marked with a felt-tipped pen, the tissue is clamped with forceps and a cork is placed on the contralateral side of the tissue to be pierced. A 14-gauge needle or dermal punch creates a hole through which the jewelry is fed, and the backing is screwed on to complete the procedure.⁶ Healing takes approximately four to six weeks.

The most common sequelae to piercing reported by patients are pain and swelling.^{2,3,4} Excessive bleeding may be encountered because of the rich vascular supply to the face. Edema or hematoma formation may lead to airway obstruction. There has been at least one reported case of Ludwig's Angina that occurred following tongue piercing.⁷

Infection can spread through the contiguous fascial spaces of the head and neck resulting in significant morbidity.⁶ The risk of wound infection is likely increased by exposure to oral microflora. Streptococcal bacterial endocarditis has been reported following oral piercing⁸, and mixed aerobic-anaerobic cerebellar brain abscess has been associated with tongue piercing and post-operative surgical site infection several weeks earlier.¹¹

Although body piercers are generally conscientious regarding prevention of blood-borne pathogens, most do not have formal training in infection control.¹ Piercing may result in the transmission of pathogens including Hepatitis B and C, HIV, Herpes Simplex Virus, and Epstein-Barr Virus.

The most common dental complication is chipped or fractured teeth.^{2,5,9} In most cases the involved teeth can be restored. Tooth loss following oral piercing has, however, been described.² Other oral complications include increased salivary flow, speech or masticatory impediments, gingival and/or mucosal injury, gingival recession, and calculus build-up on the lingual surface of the jewelry.^{2,3,4,6,7,10}

Other complications associated with oral piercing include mucosal inflammation with hyperplastic tissue or scar formation, foreign body incorporation into piercing site, nerve damage and paraesthesia, deep cyst formation, and metal hypersensitivity.^{3,4,6,9} Aspiration, particularly while sleeping, is another potential risk should the jewelry come apart in the mouth.

Conclusion

Oral piercing is increasing in popularity in North America. Health care practitioners should be able to recognize and treat potential complications associated with this procedure. Complications include local and systemic infection, oral trauma, and foreign body aspiration. Complications may be more likely should patients attempt pierce themselves. In accordance with the public health philosophy of harm reduction, patients who are intent on undergoing this procedure should be aware of the potential complications, and encouraged to undergo the procedure at a reputable establishment with experienced piercers.

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