

Policy on Intraoral and Perioral Piercing

Originating Council

Council on Clinical Affairs

Review Council

Council on Clinical Affairs

Adopted

2000

Revised

2003

Reaffirmed

2007

Purpose

The American Academy of Pediatric Dentistry (AAPD) recognizes the importance of educating the public and health professionals on the health implications of oral and perioral piercings.

Methods

This policy was based on a MEDLINE search using keywords “body piercing” and “oral piercing” and relevant articles from the dental and medical literature.

Background

The use of intraoral jewelry and piercings of oral and perioral tissues have been gaining popularity among adolescents and young adults. Oral piercings involving the tongue, lips, cheeks, and uvula have been associated with pathological conditions including pain, infection, scar formation, tooth fractures, metal hyper-sensitivity reactions, localized periodontal disease, speech impediment, and nerve damage.¹⁻¹³ Life-threatening complications associated with oral piercings have been reported, including bleeding, edema, and airway obstruction.¹⁴⁻¹⁶ Unregulated piercing parlors and techniques have been identified by the National Institutes of Health as a possible vector for disease transmission (eg, hepatitis, tetanus, tuberculosis) and as a cause of bacterial endocarditis in susceptible patients.¹

Policy statement

The AAPD strongly opposes the practice of piercing intraoral and perioral tissues and use of jewelry on intraoral and perioral tissues due to the potential for pathological conditions and sequelae associated with these practices.

References

1. National Institutes of Health. Management of hepatitis C and infectious disease. NIH Consensus Conference Statement 105. Section 5, paragraph 2; March 24-26, 1997.
2. American Dental Association. ADA statement on intra-oral/perioral piercings and tongue splitting. Available at: “<http://www.ada.org/prof/resources/positions/statements/piercing.asp>”. Accessed February 28, 2007.
3. Boardman R, Smith RA. Dental implications of oral piercing. *J Calif Dent Assoc* 1997;25:200-7.
4. Botchway C, Kuc I. Tongue piercing and associated tooth fracture. *J Can Dent Assoc* 1998;64(11):803-5.
5. Kretchmer MC, Moriarty JD. Metal piercing through the tongue and localized loss of attachment: A case report. *J Periodontol* 2001;72(6):831-3.
6. DeMoor RJ, DeWitte AM, Debuyne MA. Tongue piercing and associated oral and dental complications. *Endod Dent Traumatol* 2000;16(5):232-7.
7. Price SS, Lewis MW. Body piercing involving oral sites. *J Am Dent Assoc* 1997;128(7):1017-20.
8. Campbell A, Moore A, Williams E, Stephens J, Tatakis DN. Tongue piercing: Impact of time and barbell stem length on lingual gingival recession and tooth chipping. *J Periodontol* 2002;73(3):289-97.
9. Sardella A, Pedrinazzi M, Bez C, Lodi G, Carrassi A. Labial piercing resulting in gingival recession. A case series. *J Clin Periodontol* 2002;29(10):961-3.
10. Dibart S, DeFeo P, Surabian G, Hart A, Capri D, Su MF. Oral piercing and gingival recession: Review of the literature and a case report. *Quintessence Int* 2002;33(2):110-2.
11. Ng KH, Siar CH, Ganesapillai T. Sarcoid-like foreign body reaction in body piercing: A report of two cases. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 1997;84(1):28-31.

12. Kuczkowski KM, Benumof JL. Tongue piercing and obstetric anesthesia: Is there cause for concern? *J Clin Anesth* 2002;14(6):447-8.
13. Berenguer G, Forrest A, Horning GM, Towle HJ, Karpinia K. Localized periodontitis as a long-term effect of oral piercing: A case report. *Compend Contin Educ Dent* 2006;27(1):24-7.
14. Neiberger E. A large hypertrophic-keeloid lesion associated with tongue piercing: A case report. *Gen Dent* 2006;54(1):46-7.
15. Perkins CS, Meisner J, Harrison JM. A complication of tongue piercing. *Br Dent J* 1997;182(4):147-8.
16. Brennan M, O'Connell P, O'Sullivan M. Multiple dental fractures following tongue barbell placement: A case report. *Dent Traumatol* 2006;22(1):41-3.