

Policy on Intraoral/Perioral Piercing and Oral Jewelry/Accessories

Originating Council

Council on Clinical Affairs

Review Council

Council on Clinical Affairs

Adopted

2000

Revised

2003, 2011

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 intraoral/perioral piercings and oral jewelry/accessories.

Methods

This policy is a revision of the previous document adopted in 2000 and reaffirmed in 2007. The update included a new review of current dental and medical literature, including a systematic literature search of the MEDLINE/PubMed[®] electronic database with the following parameters: Terms: “oral jewelry”, “body piercing”, and “oral piercing”; Fields: all; Limits: within the last 10 years, humans, English, birth through age 99. One hundred nineteen articles matched these criteria. Papers for review were chosen from this list and from the references within selected articles. When data did not appear sufficient or were inconclusive, recommendations were based upon expert and/or consensus opinion by experienced researchers and clinicians.

Background

The use of intraoral jewelry and piercings of oral and perioral tissues have been gaining popularity among adolescents and young adults. Intraoral jewelry or other oral accessories may lead to increased plaque levels, gingival inflammation and/or recession, caries, diminished articulation, and metal allergy.¹⁻⁵ Oral piercings involving the tongue, lips, cheeks, and uvula have been associated with pathological conditions including pain, infection, scar formation, tooth fractures, metal hypersensitivity reactions, localized periodontal disease, speech impediment, and nerve damage.⁶⁻²³ Life-threatening complications associated with oral piercings have been reported, including bleeding, edema, endocarditis, and airway obstruction.²⁴⁻²⁹ 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.

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