Policy on Oral Piercing and Oral Jewelry/Accessories

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Purpose

The American Academy of Pediatric Dentistry recognizes the growing popularity of body modifications, including oral piercings and oral jewelry/accessories, and their implications for oral health and general health. This policy, by addressing associated health risks, supports health care professionals in offering anticipatory guidance to minimize negative sequelae of oral piercings and oral jewelry/accessories.

Methods

This policy was developed by the Council on Clinical Affairs, adopted in 2000,[1] and last revised in 2021.[2] This update included a review of current dental and medical literature, searching the PubMed/MEDLINE and Cochrane Central Register of Controlled Trials electronic databases from January 2014 through August 2024 with the terms: *oral jewelry*, *body piercing*, *intraoral piercing*, *tongue piercing*, *tongue splitting*, *tooth jewelry*, *tooth adornment*, *dental jewelry* OR *grills*; limits: within the last 10 years, humans, English, birth through age 99. Thirty articles matched these criteria. Alternate strategies such as appraisal of references from recent evidence-based reviews, controlled clinical trials, and meta-analyses were performed. This strategy yielded 44 manuscripts which were evaluated further by abstract. Papers for review were chosen from this list and from the references within selected articles.

Background

Body piercing is popular among youth as a form of self-expression.[3-5] Oral piercings are a form of body modifications involving the lips, tongue, cheeks, or uvula.[6,7] Intraoral piercings have both ends of the jewelry reside in the oral cavity; perioral piercings perforate the oral mucosa and extend through skin.[8] The tongue is the most common site for oral piercing.[5] The development of independence and desire for self-expression during adolescence makes teenagers more susceptible to health-risky pursuits such as oral piercings.[9] Piercings of intraoral and perioral tissues and use of oral jewelry have gained popularity among adolescents and young adults.[9] They may be influenced by body piercing trends posted on social media or other internet sources which often lack detailed information regarding potential health risks and consequences.[10]

Oral piercings involving the tongue, lips, cheeks, and uvula have been associated with pathological conditions[5,8,11-22] including infection, scar formation, Ludwig's angina, and nerve damage. Procedural risks[5,19-24] include adverse local anesthesia reactions, lacerations, pain, and prolonged bleeding. Piercing also is recognized as a potential vector for bacteria.[25] Life-threatening complications (eg, bleeding, edema, endocarditis, airway obstruction) have been reported.[5,11-23,26,27] Adherence to recommendations for antibiotic prophylaxis at the time of an oral piercing procedure is important to reduce risk of endocarditis or bacterial infections in high-risk individuals.[28] Rare cases of tooth aspiration during endotracheal intubation have been reported, and oral jewelry could conceivably pose a similar risk.[29,30]

Common types of oral jewelry include studs, barbells, rings, and hoops. These are made from materials such as stainless steel, gold, titanium, and synthetics.[8] Oral accessories include dental grills[8,26] which typically are made of gold or silver, are worn over the anterior teeth, and are removable. They have the potential to cause metal allergy, diminished articulation, malocclusion, periodontal disease, and tooth injuries (eg, fractures, wear, abrasion).[5,8,11-22] In addition, oral jewelry and oral accessories may increase plaque retention, caries risk, and gingival inflammation and/or recession.[5,8,9,19-22] Tooth ornaments/jewels, another type of oral accessory, come in the form of precious metals or stones and are bonded to tooth surfaces similar to placement of orthodontic brackets.[31] Associated risks are decalcifications and caries with suboptimal oral hygiene, as well as tooth sensitivity.[31] Oral jewelry may obscure dental radiographic imaging thereby necessitating repeated exposures or resulting in misdiagnosis of oral conditions.[8]

Frequent cleansing of and avoiding trauma to the piercing site, limiting digital manipulation of oral jewelry, as well as continued monitoring for signs of infection (eg, swelling, pain, tenderness, unusual discharge with an offensive odor) are essential to minimize complications.[32,33] Removal of all oral jewelry and accessories, when possible, prior to participation in athletic activities will help reduce risk of trauma to the piercing site and interference with mouthguards.[34]

Tongue splitting is a procedure to bifurcate the tongue to result in a forked appearance along the anterior midline.[8] This is an invasive procedure with no medical benefit[7] that renders the tongue susceptible to severe bleeding and pain, bacterial infection, lingual nerve damage, and other adverse effects.[35]

Regulations regarding body piercing/modifications and piercing establishments vary by state.[36,37] In most states, individuals under 18 years of age are required to have parental consent

or parental presence during the piercing procedure.[38] Unregulated piercing parlors and techniques have been identified as a possible vector for disease (eg, hepatitis, tetanus, tuberculosis) transmission and as a cause of bacterial endocarditis in susceptible patients.[19]

Policy statement

The American Academy of Pediatric Dentistry opposes oral piercings and the use of oral jewelry and accessories due to the increased risk for pathological conditions and harmful sequelae associated with these practices. Oral health care professionals are encouraged to familiarize themselves with state regulations on piercings and body modifications, counsel patients/parents on oral and general health risks of oral jewelry and accessories, and advise patients to seek medical care if postprocedural complications arise. In addition, the American Academy of Pediatric Dentistry encourages state regulations that require body modifications be performed by licensed professionals who inform patients about risks and aftercare during an informed consent process.

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