## Projectile in the cheek of a child: case report

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Foreign objects frequently have been reported in the oral and nasal structures of children. <sup>1-6</sup> The presence of many of these objects has been discovered during routine dental radiographic examinations <sup>1,2</sup> and has been related to trauma, <sup>3</sup> iatrogenic loss of dental instruments, <sup>4-6</sup> or placement by the child. <sup>1,2</sup> The purpose of this paper is to report a case of a foreign object in the cheek of a child dental patient as the result of a traumatic incident.

## Case Report

A seven and one half-year-old Negro male presented to the University of Pittsburgh Cleft Palate Center for routine dental evaluation. The patient's medical history revealed hospitalizations for repair of a cleft lip and palate, myringotomies, and a pharyngeal flap. Previous routine dental care had been provided at another treatment facility. The mother said the child was very anxious and a behavior problem in the operatory. All other medical and dental history was noncontributory.

During the initial examination, medical and dental histories including dental charting were recorded. Right and left bitewing radiographs were taken. The right bitewing revealed a round radiopaque object approximately 5 mm in diameter at the level of the occlusal plane in the area of the first primary molars (Figure 1).

At the following visit, a hard spherical object was discovered by palpation of the right cheek, but no extraoral scarring was observed. On questioning, the patient explained that he had been shot in the mouth. The mother confirmed the incident.

Further questioning revealed that the trauma had occurred six months earlier when a playmate had shot the patient. The projectile struck the mouth causing hemorrhage. Paramedics called to the scene found no extraoral wound or projectile. The hemorrhage was controlled and the mother assured that everything was fine. The patient complained several times to the mother about the BB in his cheek right after the incident. He felt the object moving while running. Since the mother had been assured that the BB was not present, and since she could not feel the object herself, she dismissed the patient's complaints as imaginary.

A BB measuring 4.3 mm in diameter was removed under local anesthesia. The wound was closed with two chromic sutures. One week postoperatively, the surgical site was healing with no complications.

Figure 1. Right bitewing radiograph demonstrating the presence of a foreign object in the first primary molar region.



## Discussion

Several reports in the dental literature have demonstrated the presence of unnoticed foreign objects located in the head and neck regions. This report is unusual because the child was aware of the BB immediately following the incident, yet several months elapsed before the foreign object was removed.

It is hypothesized that the BB entered the open mouth of the patient and became lodged in the right buccal tissue. This report emphasizes that all facial trauma, including trauma with a projectile, be followed as soon as possible with a precise history of the incident, a thorough clinical examination by a dentist and appropriate radiographs of the hard and soft tissues.

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- 1. Hunter, K. Foreign body in nasal fossa. Oral Surg 41:805, 1976.
- Goldstein, E. Gottlieb, M.A. Foreign bodies in nasal fossa of children. Oral Surg 36:446-47, 1973.
- 3. Cline, R.E. et al. Asymptomatic BB pellet. Oral Surg 42:135-36, 1976.
- Nazif, M. A rubber dam clamp in the nasal cavity: Report of case. JADA 82:1099-1100, 1971.
- Bump, R.L., Roche, W.C. A broken needle in the pterygomandibular space. Oral Surg 36:750-52, 1973.
- Beernster, G. Unusual position for a rubber dam clamp. Oral Surg 45:979-80, 1978.