

Policy on Intraoral/Perioral Piercing and Oral Jewelry/Accessories

Latest Revision

2021

Purpose

The American Academy of Pediatric Dentistry 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 was developed by the Council on Clinical Affairs and adopted in 2000.¹ This document is a revision of the previous version, revised in 2016.² The update included a new review of current dental and medical literature, including a search of the PubMed® and Cochrane Central Register of Controlled Trials electronic databases through October, 2020 with the terms: oral jewelry, body piercing, and oral piercing paired with dental and oral piercing; fields: all; limits: within the last 10 years, humans, English, birth through age 99. Fifty-five articles matched these criteria. Alternate strategies such as appraisal of references from recent evidence-based reviews, controlled clinical trials, and meta-analyses and hand searches were performed. This strategy yielded 21 manuscripts which were evaluated further by abstract. Papers for review were chosen from this list and from the references within selected articles.

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, periodontal pathogenic bacteria, gingival inflammation and/or recession, caries, diminished articulation, and metal allergy.³⁻⁷ 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, Ludwig's angina, hepatitis, and nerve damage.³⁻²² Specifically, gingival recession was evident in up to 50 percent of all patients with lip piercing and up to 44 percent of patients with tongue piercing.⁴⁻⁸ Permanent tooth injuries were observed in up to 26 percent of patients with lip piercing and up to 46 percent of patients with tongue piercings.⁴⁻⁸ Life-threatening complications (e.g., bleeding, edema, endocarditis, airway obstruction) have been reported with oral piercings.³⁻²² Additionally, the use of dental jewelry (e.g., grills) has been documented to

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cause dental caries and periodontal problems.⁹⁻¹¹ Unregulated piercing parlors and techniques have been identified as a possible vector for disease (e.g., hepatitis, tetanus, tuberculosis) transmission and as a cause of bacterial endocarditis in susceptible patients.^{7,11} Between January 1, 2002 and December 31, 2008, an estimated 24,459 patients presented to United States emergency departments with oral piercing-related injuries.¹² The annual average number of estimated emergency department visits was 3,494, with a range from 2,675 (in 2005) to 4,380 (in 2006).¹²

Policy statement

The American Academy of Pediatric Dentistry 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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