Policy on Intraoral/Perioral Piercing and Oral Jewelry/Accessories

Review Council
Council on Clinical Affairs

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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 was developed by the Council on Clinical Affairs and adopted in 2000. This document is a revision of the previous version, revised in 2011. The update included a new review of current dental and medical literature, including a search of the PubMed®/MEDLINE and Cochrane Central Register of Controlled Trials electronic databases through September, 2015 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. Four hundred eighty-one articles matched these criteria. Because of so many papers identified through electronic searches, alternate strategies such as appraisal of references from recent evidence-based reviews, controlled clinical trials, and meta-analysis and hand searches were performed. This strategy yielded 85 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, 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, Ludwig's angina, hepatitis, and nerve damage.[6-29] Specifically, gingival recession was evident in seven to 50 percent of all patients with lip piercing and six to 44 percent of patients with tongue piercing. Permanent tooth injuries were observed in 26 percent of patients with lip piercing and 37-46 percent of patients with tongue piercings.[2-4] Life-threatening complications associated with oral piercings have been reported, including bleeding, edema, endocarditis, and airway obstruction.[6-33] Additionally, the use of dental jewelry (e.g., grills) has been documented to cause dental caries and periodontal problems.[34,35] Unregulated piercing parlors and techniques have been identified by the National Institutes of Health as a possible vector for disease transmission (e.g., hepatitis, tetanus, tuberculosis) and as a cause of bacterial endocarditis in susceptible patients.[1] Between January 1, 2002 and December 31, 2008, an estimated 24,459 patients presented to U.S. emergency departments with oral piercing-related injuries.[23] 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).[23]

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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ABBREVIATION
AAPD: American Academy Pediatric Dentistry.

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