

## **TONGUE-PIERCING**

### **Are dentists concerned about tongue-piercing?**

Dentists are concerned with the health of the whole mouth. They may be consulted if there are infections or other complications following tongue piercing.

Dentists are also concerned about the impact which tongue piercing might have on orthodontic treatment, through its effect on muscle position. Some dentists refuse orthodontic treatment to people who have pierced tongues. This is related to concerns that tongue piercing can also result in speech impediments.

In addition, teeth may be broken by accidentally biting on a stud.

### **Is tongue-piercing safe?**

No. There is always a risk of infection with any form of piercing. The risks to health are greater with mouth piercing because of the closeness of the airway. A swollen tongue can interfere with breathing, and infections underneath the tongue can spread rapidly. Severely infected piercings have been reported as causes of septicaemia and toxic shock syndrome.

There is also a risk if piercing is carried out with less than rigorous hygiene. Equipment should be disposable wherever possible, and other equipment should be sterilised between clients using a piece of equipment known as an autoclave. Autoclaves can cost from around £1500 upwards, so it is possible that they are not in general use by piercers. If equipment is not sterile, infections such as HIV or hepatitis B or C infections could pass from client to client, or between client and piercer.

### **How readily does the tongue heal?**

After surgery or injury, a healthy mouth will normally heal readily and without complications. Similarly, tongue piercings can heal fully within a few weeks provided infection control was thorough when the piercing was carried out. But infection risks after piercing cannot be entirely eliminated and there is also a risk of allergic reactions if the stud is not made of gold, surgical steel or titanium. There will also be discomfort because the tongue will be swollen for about a week after piercing.

### **Are there any other risks?**

Studs which become dislodged can be swallowed or inhaled. Other reported problems are deep cyst formation, scarring, damage to deeper structures such as superficial veins and nerves, and neuromas – tumours in nerve tissue.

In a case reported in the *British Dental Journal* (the British Dental Association's scientific journal) in 1997, a 25-year-old woman was admitted to hospital following a tongue-piercing. The floor and roof of her mouth and her tongue had swelled up and she was in increasing pain and having difficulty swallowing. She was suffering from a rare condition, known as Ludwig's angina, which failed to respond to antibiotics, and the stud (a small, metal barbell) was surgically removed. She later collapsed, but recovered after further treatment and went home 8 days after being admitted. In addition, the barbell was held together with a 2mm long screw thread. This had become loose, putting the woman at risk of swallowing, or – more dangerously – inhaling one or both halves of the stud.

### **Is tongue-piercing on the increase?**

We do not know how many people have had tongue piercing, but increased media interest and anecdote suggest that the practice is increasing.

### **Are dentists opposed to tongue-piercing?**

Dentists believe that tongue-piercing is an unnecessary hazard to general as well as oral health, and are opposed to the practice.

If people are determined to have piercings in the mouth (or elsewhere) they should do everything they can to ensure the procedure is as safe as possible. They should also ask their dentist for advice on oral hygiene during the period when the piercing is healing.

For press enquiries, please contact Kate Cinamon, Chris Coates or Nicola Ryan at the BDA Press & Parliamentary Department on 0171-935 0875 ext 243, 258 or 299. Kate also has a direct line: 0171-935 0480.