

AN UNUSUAL SOCIAL HABIT LEADING TO A FOREIGN BODY IN TEETH

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ABSTRACT:

In children, discovery of a foreign body in teeth is often diagnosed accidentally which may be lodged due to a traumatic injury or it may be a self-inflicted injury. However, in adults, it may be due to a social habit and the patient usually reports only when he/she experiences pain and then the foreign object is discovered in radiographic examination.

In this article, we present a case report of a 23-year-old male with a ball pen nib lodged into the lower molar teeth due to an unusual social habit, which the patient himself was unaware about and the subsequent removal of the foreign body.

KEYWORDS: Foreign body, diagnosed accidentally, social habit, ball pen nib, molar teeth.

INTRODUCTION:

Impaction of foreign objects in the oral cavity is quite common among children because of their habit of placing various objects in their mouth and is often diagnosed accidentally¹. Similar reports in adults are however, infrequent. We present an incidental detection of a self-introduced unusual foreign body in molar tooth, about which the patient himself was unaware.

CASE HISTORY:

A 26-year-old male reported to the emergency room with the chief complaint of pain in the lower back left tooth region for past 2-3 days. The pain was dull in nature, continuous and aggravated on taking food. He also gave history of ongoing root canal treatment with respect to 37.

Clinical examination revealed a temporary restoration with respect to 37 (which was given after access opening done in the same tooth) and a partially erupted 38.

An orthopantogram [OPG] was advised which revealed a horizontally impacted 38 impinging onto the distal aspect of 37 and proximal caries with respect to 37 [Figure 1]. However, a small cylindrical

artifact was evident on the radiograph appearing to be located in between teeth 37 and 38 that was not visible on clinical examination.



Figure 1. Orthopantogram showing a well-defined radiopaque foreign object in the tooth. The retrieved ball point of the pen [Inset]

The patient was unaware of this foreign object that was detected on the OPG. Upon asking, the patient gave a history of picking his teeth with a ball point pen, mostly after food.

After a failed attempt to retrieve the foreign object with a probe and a tweezer was made, surgical removal of the impacted 38 was planned. A modified ward's incision was given and the periosteum was reflected. Odontectomy of 38 was done and the crown and roots were sectioned apart. The sectioned crown portion of 38 was removed first which aided in the removal of the foreign object which was wedged between the crown of 38 and the cervical portion of 37. The object was identified to be the tip of a ball point pen [Figure 2]. The roots of the sectioned tooth

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were then removed and wound closure was done with silk suture after thorough irrigation of the extraction socket.

DISCUSSION:

Foreign bodies lodged in teeth can be metallic or non-metallic. The metallic objects can be readily identified from routine radiographs because of their radio-opaque nature. These include broken instruments, canal obturation materials or foreign objects inserted by the patient himself¹. Among the various self-inserted objects are pencil leads, needles, metal screws, beads, nails, pins, wooden tooth picks and tooth brush bristles.

Complications reported due to these foreign objects include pain, swelling, infection, recurrent abscesses and chronic maxillary sinusitis of dental origin². Actinomycosis following placement of piece of jewellery chain into a maxillary central incisor has also been reported³.

A ball point pen is a pen that dispenses ink usually in paste form over a metal ball at its point. The components of a ballpoint tip include the freely rotating ball that distributes ink on the writing surface, a socket holding the ball in place, and a self-contained ink reservoir, a narrow plastic tube supplying ink to the ball. The tip can be detached from the plastic tube when a twisting force is applied that can happen during tooth picking using the pen. Our patient was apparently unaware of this detachment.

After such an accidental radiological detection, detailed case history and clinical evaluation are necessary to come to a conclusion about the nature and size of the foreign body. Careful instrumentation with patience is needed for retrieval of the foreign body. The patient should be counselled about oral hygiene and abstain from such practices.

REFERENCES:

1. Chand K, Joesph S, Varughese JM, Nair MG, Prasanth S. Endodontic management of an unusual foreign body in a maxillary central incisor. *J Conserv Dent* 2013;16:474-6.
2. Sobol SE, Jacobs IN, Levin L, Wetmore RF. Pistachio nutshell foreign body of the oral cavity in two children. *Int J Pediatr Otorhinolaryngol* 2004;8:1101-4
3. Lehl G. Foreign body in a deciduous incisor: A radiological revelation. *J Indian Soc Pedod Prev Dent* 2010;1:45-6.
4. Kataoka SH, Okai W, Caldeira CL. Removal of a nail into the root canal: Case report. *J Health Sci Inst* 2010;2:141-3.
5. Nadkarni UM, Munshi A, Damle SG, Kalaskar RR. Retrieval of a foreign object from the palatal root canal of a permanent maxillary first molar: A case report. *Quintessence Int* 2002;8:609-12.
6. Gadgil RM. Foreign incense. *Br Dent J* 2009;7:305.
7. Prabhakar AR, Namineni S, Subhadra HN. Foreign body in the apical portion of a root canal in a tooth with an immature apex: A case report. *Int Endod J* 2008;10:920-7.
8. Chand K, Joesph S, Varughese JM, Nair MG, Prasanth S. Endodontic management of an unusual foreign body in a maxillary central incisor. *J Conserv Dent* 2013;5:474-6.
9. Holla G, Baliga S, Yeluri R, Munshi AK. Unusual objects in the root canal of deciduous teeth: A report of two cases. *Contemp Clin Dent* 2010;4:246-8.
10. Alrahabi M, Gabban H. Management of foreign object in the root canal of central incisor tooth. *Saudi Endod J* 2014;4:154-7.
11. Goldstein BH, Sciubba JJ, Laskin DM. Actinomycosis of the maxilla: A review of literature and a report case. *J Oral Surg* 1972;30:362-6.

