

Passion Of Fashion –Oral Jewellery.

Dr Sweta R Gandhi,¹ Dr. Rahul Gandhi,² Dr Dhanshree Minase³

¹Sr. Lecturer, Dept of Public Health Dentistry, VSPM Dental College, Nagpur, ² Reader Dept of Oral Medicine Diagnosis Radiology, Saraswati Dhanwantari Dental College, Parbhani, ³ VSPM Dental College, Nagpur,

ABSTRACT: Now a days, a new passion is sweeping across the world that will make you shine like a star to really be glamorous, unique and fashionable, tantalize your teeth with top-quality tooth jewellery to add sparkle to a smile. Piercing is a most prevalent ancient form of body art all over the world, recently popularity attained in western society. Over the last decade, piercing of the tongue, lip or cheeks has grown in popularity, especially among adolescents and young adults. Oral piercing usually involves the lips, cheeks, tongue or uvula, with the tongue being the most commonly pierced organ. Oral piercing is a popular trend, but this fashion statement comes with some serious health risks. Problems such as increase in plaque levels, inflammation of the gingiva and/or recession, decay, defective occlusion, and metal allergy are noted. There are also some life-threatening complications such as airway obstruction due to aspiration, bleeding, erythema, and endocarditis. If there is a usage of unsterile instruments, it can act as a vector in the transmission of communicable diseases such as hepatitis, tetanus, and tuberculosis in susceptible patients. This review highlights the various types, complications, and side effects of dental jewellery.

KEY WORDS - Oral piercing, esthetics, dental jewellery, fashion.

INTRODUCTION

‘Beauty lies in the eyes of the beholder’ is the famous saying.^[1] Aesthetics has become an important aspect of dentistry over the past few years and has led to the development of new materials and techniques.^[2] Body art is one such way of self expression. Therefore, being the latest trend, oral jewellery becomes an indication in increasing the standard of living of the individual in the society.^[3] Now a days, various types of body and oral piercing are gaining popularity within a fashion industry. Cosmetic dental treatments are of at most essence presently. People are becoming increasingly self-conscious about their appearance and smile.^[4] Oral /Perioral piercing sites for jewellery placement includes tongue, lips, cheeks, frenum and uvula. Most of the intraoral jewellery used comes in the

form of studs, hoops or barbell shaped devices available commercially.^[5]

HISTORICAL BACKGROUND

The tradition of teeth jewellery has been in practice since 2500 BC. Preserved bodies of people who lived 4000 to 5000 years ago have piercings. Anthropologists consider body modification to be a way for an individual to identify with a group (religious, tribe or gang), denote financial or marital status or beautify the body.^[6] To demonstrate courage or virility, Egyptian pharaohs pierced their navels, Roman soldiers pierced their nipples and Mayans pierced their tongues^[6,7].

TYPES

It includes intraoral and extraoral jewellery. The most common used intraoral jewelry are of two

types; i.e piercing and non-piercing. Piercing includes Barbell, Labret, Captive bead ring and non-piercing includes magnetic and tooth jewelry.^[8]

Other types includes dorsoventral and dorsolateral which is done on tongue. Dorsolateral is not considered as safe.^[9]

Nowadays, hypoallergenic and non-toxic materials are used for piercing jewelry, e.g., 14 or 18 K gold, titanium, stainless steel, niobium, acrylic, stone, wood, bone or ivory 13-15 for reasons of "religious, sexual, tribal or marital significance."^[10] Tooth jewelry or oral piercing includes tooth gems , twinkles , Tooth tattoo , Grills , Dazzlers , Tooth Rings , Oral piercing.^[11,12]

-Grilled jewellery are made of gold silver and platinum. Can be removable or fixed to teeth.^[13]

-Twinkle are precious stones of sapphires, diamonds, rubies etc. Available in different shapes like triangular, heart shape, drops, navette, star, round shapes.^[12] For this enamel has to be etched and placed mostly on the incisal edge to make it visible.^[14]

-Tooth rings needs tooth preparations and are fixed on tooth surface cannot be removed. Tooth rings are most commonly made on anterior teeth like central and lateral incisors.^[14]

-Tooth tattoos is done in different shades of porcelain as requested by the person. The usually are not permanent.^[14]

-Barbell and Captive bead rings are pierced orally with balls on either or both sides.^[8]

-Magnetic jewellery has two components which are held together by magnetic force and donot require any tooth preparation.^[8]

-Removable tooth jewellery The stones are permanently mounted on an invisible glass clear micro-skin which fits accurately on to the teeth. This requires neither etching nor preparation of the teeth. The impression is made and the micro-skin is fabricated in the lab on which the precious stones are attached. This is removable by the patient and can be fitted back when necessary.^[15]

- Veneer jewellery is made from precious jewellery, mostly gold and platinum. Tooth preparation is done to accommodate the metal veneer which is mostly embedded with precious stones. The teeth preferred for such kind of jewellery are the cuspids and the bicuspid.^[15]

-Lip piercings can be placed anywhere around the mouth, but the surface of the lip is not typically pierced itself, except for horizontal lip piercings and canine bites.^[15]

PROCEDURE

Procedure & bonding instruction on tooth:^[16]

- The tooth is cleaned, completely dried and isolate the tooth. Tooth is etched with 37% orthophosphoric acid for about 20-30 sec to increase the surface area for bonding. Rinse with water and blow dry for 10 sec properly.
- Apply a light-curing bonding agent. Leave it on for around 20 seconds, distribute bonding through air blowing.
- Then light-cure for 20 sec.

- Apply a small amount of flow composite to the tooth
- Use a jewel handler to easily pick up the jewel. Press it into composite. (ensuring macro mechanical retention, but make certain the jewel is in contact with the enamel.)

Now you may adjust the jewel while letting the patient check the desired positioning. . Take the light-curing lamp and start curing the composite from the top. Light cure from the sides for a few seconds and also cure the composite from the back of the tooth for another 60 seconds making that it should harden evenly. .Total curing time is approximately 180 seconds. The total time for jewel to set into the composite is 20 sec.

- Do not touch the jewel with your fingers once it's removed from the case. It is essential to avoid skin contact with the special coating on the backside of the jewel It takes about 4 minutes to safely affix the jewel. . The enamel is treated with topical fluoride to remineralized the etched area.

Removing the tooth jewel:

- The jewel is removed in the same way as an orthodontic bracket.
- After removal of the gem, the tooth needs to be polished, which takes away any remaining bonding materials.
- Use a scaler or a rubber. In case of leftover bonding or composite on the tooth, simply remove it by using a polishing tool. It is

recommended to treat the tooth with fluoride, so remineralization and stabilization of the enamel is provided.^[12]

COMPLICATIONS

Acute Complications

- Pain-It is the most profound and immediate consequence.^[17,18,19]
- Haemorrhage due to damage to blood vessels , tearing of surrounding tissue , atrophy of mucosa
- Alteration of taste due to nerve damage.^[20,21]
- Damage to tooth structure [accidental or biting over]^[17]
- Infectious complications – it is often performed without adequate cross- infection protection and hygiene measures. It can be due to vectors like HIV virus , Hepatitis , B, C, D, Herpes Simplex, Tetanus , Tuberculosis, Epstein –Barr virus.^[19,20,21,22]

Chronic Complications

- Damage to periodontium in form of recession or clinical attachment loss.^[22]
- Dental trauma, aspiration or ingestion of jewelry, generation of galvanic currents.^[23,24,25,26]
- Includes pain, trauma and infections.^[27]
- Increased salivary flow-less common and tends to disappear with time.^[28]

Bacteria and sepsis can occur with high fever.^[30,31]

- Ludwig's Angina which is a major life-threatening complication which can occur

due to inflammation of submental and submandibular spaces. [30,31]]

- Other serious effects can be Osteomyelitis^[32], Cerebral abscess^[33,34], Toxic Shock Syndrome and Endocarditis.^[35]

DISCUSSION

Various site of piercing includes lips, frenum, uvula, cheeks, tooth. [8]The trend of soft tissue piercing and oral jewellerys and tattoos on body as well as tooth was there since 5000 years ago. As a sign of social rank and religious and fashion statement. [12] Tooth cap grills and gold teeth are considered status symbols within the Hip-Hop fashion scene. Patients wearing dental jewellery have to be aware of risks of tooth damage, and they regularly have to undergo dental check-ups. Information campaigns--for dentists as well as patients--are necessary. [15] "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."^[35]

CONCLUSION

Oral piercing is considered as one of the most oldest and interesting form of fashion for body designing. It has gained a wide acceptance in modern or western society, mainly in the youth. Tooth ornaments are believed to beautify the appearance of an individual, and there by enhances their confidence making them feel good but it is associated with high potential for infectious complications. Although complications from the use

of oral piercing are there, dentist should have to take an active part to make patient aware of potential complications. Advice individuals to maintain proper oral hygiene, organizing educational programmes regarding jewellery and piercing and make them aware of short and long term complications. Patients should also visit dentist in regular interval of time to avoid potential complications.

REFERENCES

1. McGeary, Suzann P, Studen-Pavlovich D., Ranalli DN. Oral piercing in athletes: implications for general dentists. Gen Dent. 2002; 168-172.
2. Yadav P, Mohapatra AK, Jain A. Oral Piercing/ Art- Fashion or Risk. J Adv Med Dent Scie 2014;2(2):100-103
3. Kaur H, Jain P, Dutta K. Dental enhancements and tattoos:-Current Trends in Aesthetic Dentistry. Int J Res Dent 2014 4(3):48-53
4. Schorzaman CM, Gold MA, Downs JS. Body art; attitudes and practices regarding body piercing among urban undergraduates. J Am Osteopath Assoc 2007;107:432-8.
5. Price SS, Lewis MW. Body piercing involving oral sites. J Am Dent Assoc 1997;128(7):1017-1020.
6. Hennequin-Hoenderdos NL, Slot DE, Van der Weijden GA. The prevalence of oral and perioral piercings in young adults: a systematic review. Int J Dent Hyg. 2012 Aug;10(3):223-8.

7. Mishra P, Gupta M, Shrivastava K, et al. Oral Tattoos: Beauty Lies in the Eyes of the Beholder.' *Adv Hum Biol.* 2015;5(2):17-21.
- 10 Khalia N, Vemanaradhya GG, Mehta DS. Oral ... *Int J Oral Health Sci.* 2013;3:84-91
- 11 Pramod, R C, Suresh KV, Kadashetti V, Shivakumar KM, Ingaleshwar PS, Shetty SJ. Oral piercing: A risky fashion. *J Educ Ethics Dent.* 2012;2(2):56.
- 12 Hada YS, Jethi N, Jain A, Metha A. Astrosmls: A Fusion of Good Luck, Good Health and Aesthetics. *Journal Orofacial & Health Sciences.* 2015;6:108-112
- 13 Patil AG. Tooth jewellery: A simple way to add sparkle to your smile. *Ind J Dent Adv.* 2010;2 (4), 356-58.
- 14 Jaybala B, Dhruvi P, Arpit P, Darmina J. Fashion trends in dentistry. *J Res Med Dent Sci* 2014;2:102-4.
- 15 Monisha N, Ganapathy D, Sheeba PS, Kanniappan N. Dental jewellery - A review. *Journal of Pharmacy Research.* 2018;12(1):73-75.
- 16 Peter T, Titus S, Francis G, Alani M M, George AJ. Ornamental dentistry—an overview. *Journal of evolution of medical and dental sciences.* 2013;2(7), 666-76.
- 17 Levin Liran; Zadik Yehuda; Becker Tal. "Oral And Dental Complications Of Intra-Oral Piercing". *Dent Traumatol.* 2005; 21 (6): 341–3.
- 18 Priyadarshini SR, Sahoo PK, Mohapatra A, Mohapatra A, Sahoo KK. Oral Ornamentation an upcoming Public Health Issue in India. *I J Public Health Res Dev.* 2018;9(11):1141-1144.
- 19 Brooks JK, Hooper KA, Reynolds MA. Formation of mucogingival defects associated with intraoral and perioral piercing: case reports. *J Am Dent Assoc,* 2003; 134:837- 843.
- 20 Scully C, Chen M. Tongue piercing (oral body art). *Br J Oral Maxillofac Surg,* 1994; 32:37-38.
- 21 Shacham R, Zaguri A, Librus HZ, Bar T, Eliav E, Nahlieli O, et al. Tongue piercing and its adverse effects. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 2003;95:274-6.
- 22 Ehrlich A, Kucenic M, Belsito DV. Role of body piercing in the induction of metal allergies. *Am J Contact Dermat* 2001;12:151-5.
- 23 Zaharopoulos P. Fine-needle aspiration cytology in lesions related to ornamental body procedures (skin tattooing, intraoral piercing) and recreational use of drugs (intranasal route). *Diagn Cytopathol* 2003;28:258-63.
- 24 Bhatia S, Arora V, Gupta N, Gupta P, Bansal M, Thakar S. Tooth Jewellery- Its Knowledge and Practice Among Dentists in Tricity, India. *J Clin Diagn Res.* 2016;10(3):ZC32-ZC35. doi:10.7860/JCDR/2016/18578.7441
- 25 Vieira EP, Ribeiro AL, Pinheiro Jde J, Alves Sde M Jr. Oral piercings: immediate and late complications. *J Oral Maxillofac Surg,* 2011; 69:3032-3037.
- 26 Maheu-Robert LF, Andrian E, Grenier D. Overview of complications secondary to tongue and lip piercings. *J Can Dent Assoc,* 2007; 73:327-331.
- 27 Ram D, Peretz B. Tongue piercing and insertion of metal studs: three cases of dental and oral

consequences. ASDC J Dent Child. 2000; 67: 326-329.

- 28 Escudero-Castaño N, Perea-García MA, Campo-Trapero J, et al. Oral and perioral piercing complications. Open Dent J, 2008; 2:133-136.
- 29 Peticolas T, Tilliss TS, Cross-Poline GN. Oral and perioral piercing: a unique form of self-expression. J Contemp Dental Pract, 2000; 1:30-46.
- 30 Swift EJ Jr., Perdigão J, Heymann HO. Bonding to enamel and dentin: A brief history and state of the art, 1995. Quintessence Int 1995;26:95-110
- 31 Samantha S, Tweeten M, Rickman L. Infectious complications of body piercing. Clin Infect Dis 1998;26:735-40.
- 32 Koenig LM, Carnes M. Body piercing medical concerns with cutting-edge fashion. J Gen Intern Med 1999;14:379-85
- 33 Tweeten SS, Rickman LS. Infectious complications of body piercing. Clin Infect Dis 1998; 26: 735-40.
- 34 Martinello RA, Cooney EL. Cerebellar brain abscess associated with tongue piercing. Clin Infect Dis, 2003; 36(2):32-34.
- 35 Nicolas J, Soubeyrand E, Joubert M, Labbé D, Compère JF, Verdon R, Benateau H. Thrombophlebitis of the sigmoid sinus after tongue piercing: a case report. J Oral Maxillofac Surg, 2007; 65(6):1232-1234
- 36 Ramage I J, Wilson N, Thompson R B. Fashion victim; infective endocarditis after nasal piercing. Arch Dis Child 1997; 77: 187

How to cite this Article:

**Gandhi SR, Gandhi R, Minase D.
Passion Of Fashion –Oral Jewellery.
Journal of Interdisciplinary Dental
Sciences. Jan-June 2020;9(1):01-06**