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Serious complication of tongue piercing

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Abstract
The case of an 18-year-old patient who developed critical upper airway compromise after central tongue piercing is presented. Otolaryngologists must be aware of the many potential complications of tongue piercing and their management.

Key words: Tongue; Fistula; Complications

Introduction

There are few sites on the human body, that have not been pierced. Each piercing may lead to its own site-specific problems. Intra-oral piercing has become very popular over the last decade, particularly amongst adolescents. The paucity of information available in medical literature regarding oral soft tissue piercing is contrary to this increasing trend.

The tongue is the most commonly pierced intra-oral site (Figure 1).[1,2] There are many complications of tongue piercing and some of these may be life-threatening.[3]

Case report

An 18-year-old male presented to our emergency department 48 hours after central tongue piercing. The patient complained that his tongue had become painful and swollen over the previous eight hours (approximately). This resulted in difficulty in breathing, swallowing and speaking.

On examination, the patient was anxious, sitting forward and had saliva drooling from his mouth. Oxygen saturation was 92 per cent on room air, temperature 38.2° Celsius. Oral examination demonstrated a grossly enlarged tongue with a central metallic bar, that was removed with difficulty.

Flexible nasendoscopy confirmed that swelling of the tongue was generalized with the posterior tongue obliterating the oral airway and encroaching towards the posterior pharyngeal wall. A diagnosis of acute glossitis was made and the patient was commenced on high dose broad spectrum intravenous antibiotics and steroids. The patient was admitted fasting to intensive care for airway monitoring. Response to treatment was rapid with a significant resolution of all symptoms within 24 hours. The patient was discharged three days after admission minus his tongue bar.

Discussion

Oral body art has existed for thousands of years in some cultures, but is a relatively recent fashion in western society. Oral soft tissue piercing sites include lip 'labaret', cheek, uvula and tongue (central, off central, horizontal).[1,2] The procedure of tongue piercing usually occurs without anaesthesia after ring clamping the tongue e.g. Foerster, Pennington forceps. A 14 g or 16 g sheeted needle is normally used.[1]

Body piercers are of variable experience and competence but all must follow infection control standards to prevent transmission of infections, such as hepatitis and human immunodeficiency virus (HIV). Immediate risks include prolonged bleeding and rapid tongue swelling. Jewellery inserted usually takes the form of stainless steel, silver or gold bar – bell shaped rods capped with balls.

This ornamentation may cause gingivo – dental injury by chipping or chronic irritation.[4,5] There may also be difficulty with speech, chewing, taste and swallowing. With time, there may be scar tissue formation and the development of hypersensitivity to the metallic bar. The recipients of oral peircing must be warned that they may inadvertently swallow or aspirate the jewellery leading to choking.

The moist active environment of the mouth as well as the frequent introduction of fingers into the mouth provides an ideal setting for piercing-based infections. Because of the unique relationship between the tongue and the oral airway, complications must be recognized and treated rapidly.[3]

Fig. 1
Central tongue piercing.

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Many oral surgeons are of the opinion that health risks associated with tongue piercing far outweigh the fashion benefits or political statement.[1–5]

However, tongue piercing is a personal decision and it is important that the patient is fully aware of the potential complications. Ideally, oral piercing should take place in a sterile, safe and reputable environment.

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