Unusual foreign body in primary tooth

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DESCRIPTION

Foreign bodies inside teeth are diagnosed accidentally on clinical or radiographic examination of teeth. These may be associated with infection, pain, swelling, and recurrent abscesses as a sequel to the pulpal exposure and lodgement of the foreign body.[1] Various foreign bodies reported were pencil leads, metal screws, stapler pins and tooth-picks.[2] The exogenous material acts as a focus for infection and may cause tissue irritation.[3] There are various radiographic methods, such as Parallax views, Triangulation techniques, Stereo Radiography, Tomography, Radiovisiography and CT scans, that can play a pivotal role in focusing on the localisation of foreign objects inside the root canal.[4] The dentist plays a vital role in diagnosis of such embedded foreign bodies. The case presented here is of a similar entity, but with an unusual embedded foreign body.

A 10-year-old male patient presented to the department with pain in the lower left back tooth region for the past 1 week. Pain was intermittent, moderate, throbbing in nature and non-radiating, with no history of abscess. Clinical examination revealed a grossly decayed primary mandibular left second molar (75 ISO system) (figure 1). Intraoral periapical radiograph had been taken in relation to that region, and many multiple radiopaque lines were observed extending from pulp chamber on to its successor (35 ISO system) in the furcation area (figure 2). It was assumed to be an artefact, as there was no visible foreign body. The radiograph was then repeated to confirm the diagnosis and similar findings were observed. Extraction of 75 was carried under local anaesthesia, along with administration of a tetanus vaccine booster. Seven metal wires and one staple pin were retrieved along with the extracted tooth (figure 3). When questioned about the existence of the foreign body, the patient admitted placing several metal wires from a sand sieving mesh and also a stapler pin into the tooth to relieve pain. Systemic antibiotics and analgesics

Figure 1 Grossly decayed irt75.

Figure 3 Foreign body recovered from extracted wound.

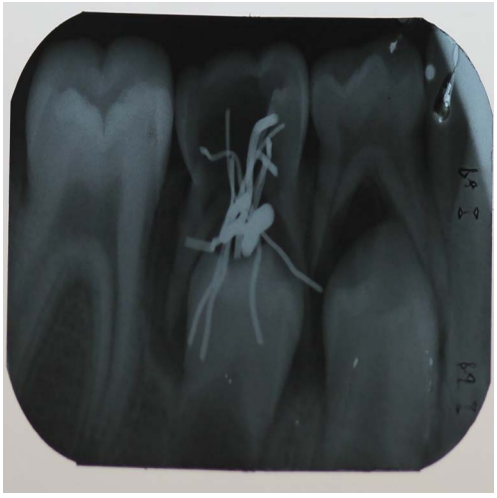

Figure 2 Preoperative radiograph irt 75.

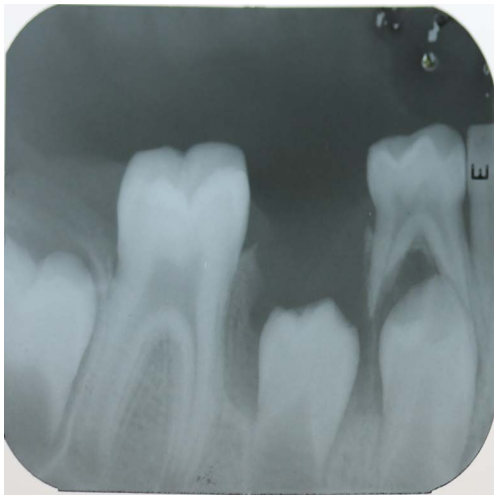

Figure 4 Postoperative radiograph irt 75.

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(amoxicillin 250 mg, 8 hourly for 5 days and acetaminophen 250 mg, 8 hourly for 5 days) were administered following the tooth extraction (figure 4). Foreign bodies are commonly seen in large untreated open carious lesions as a self-inflicting injury to relieve pain. Majority of cases of accidental ingestion or aspiration of foreign objects in children occur between the ages of 6 months and 3 years.[5] In these cases, timely diagnosis can prevent complications such as ingestion and damage to the successor teeth. Proper counselling should be carried out to ensure that dental treatment is provided at the earliest to prevent such untoward incidents.

Learning points

- Main reasons for insertion of foreign objects into these teeth are food impaction and pain. This then becomes a habit over a period of time if left untreated.
- Proper counselling should be carried out to ensure that dental treatment is provided at the earliest to prevent such untoward incidents.

Contributors PKK handled the patient. SNG contributed by preparing the manuscript. DA took the photographs. MC assisted chair side.

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