Management of chemical burn in oral cavity

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DESCRIPTION

A 7-year-old boy reported to the department of pedodontics and preventive dentistry with the complaint of attached lower lip to the lower gums, difficulties in speaking, eating hot and spicy food and a burning sensation in the underlying mucosa. Upon inspection adhesion of the lower lip to the mandibular anterior vestibule, with a whitish appearance of the underlying mucosa was found. Treatment plan included vestibular deepening followed by non-eugenol surgical dressing and periodontal pack (COE-PAK) for 1 week. After 1 week uneventful healing was noted and the vestibule was no longer attached to the lower lip. Follow-up periods of 1 week, 1 month and 3 months showed complete healing and no recurrences of adhesion. Ingestion of caustic material may result in tissue and organ damage leading to a wide range of complications, including loss of functions.¹ This is dependent on a variety of factors which include strength (pH) or concentration of the material, the quantity ingested, the manner and duration of

Figure 3 With COE-PAK dressing.

Figure 4 After 1 week postoperative.

Figure 1 Preoperative.

Figure 2 After incision.

Figure 5 1 month postoperative.

tissue contact, the extent of penetration into the tissue and the mechanism of action.² Alkalis are

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Figure 6 3 months postoperative.

particularly destructive because of their lytic action on tissues. Various treatment options may be offered to patients with caustic acid ingestion, like topical and intralesional corticosteroids, commissuroplasties, mucosal flaps, free radial

forearm flap and free-jejunal graft,¹ electrocautery and soft tissue laser. Taking into consideration the patient's age, cooperation, financial condition vestibular deepening followed by COE-PAK was opted which shows good results with no reoccurrences (figures 1–6).

Learning points

After accidental ingestion of chemical:

- ▶ Give large quantities of water.
- ▶ Induce vomiting.
- ▶ In case of shortening of breadth give O₂ and seek medical attention.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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