Self-Inflicted Palatal Soft Tissue Injury: A Case Report

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Abstract

During initial years of development a child indulges in various activities some productive, some destructive. One of the most common destructive acts involving oral cavity and surrounding structures is self inflicted injury. This is a case report of 7 year old male patient with pain and pus discharge in anterior third of the right half of the palate. Upon questioning, the patient admitted traumatizing his palatal mucosa with his fingernail followed by trauma with a sharp object. The patient also had a self inflicted wound on his left forearm which was superimposed with infection resulting into a pustule. This study aims at highlighting the self inflicted injury amongst pediatric patients and the importance of taking thorough and complete history which reveals relevant information. The physician/dentist should be aware of such incidences which are quite widespread.

Keywords: scratching, fingernail, self-injury, counseling

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Introduction

Self mutilating habits also known as masochistic, sadomasochistic habits are those in which the patient enjoys deliberately damaging himself/herself. It is usually seen in mentally ill or psychologically disturbed children [1,2]. The common traumatic lesions in the oral cavity may be chemical, thermal or physical in nature [3-7]. The physical one is more severe, widespread and can involve the deeper periodontal tissues thus tends to be more resistant to conventional forms of treatment as the cause is more deep rooted either being emotional or psychological in nature.

There are a number of ways in which oral injuries can be inflicted, either by accident or through a conscious deliberate effort or because of some anomalous habit. These injuries occur as a result of trauma from some foreign object or frequently from patient's own fingernail as a result of habitual scratching of the gingival or soft tissue which may lead to ulceration of the affected area .There are myriad differences in the degrees of self inflicted injuries ranging from simple nail biting to most extremes of mutilation [8-10].

The complications' arising during management of patients with self mutilating habits is largely due to lack of their cooperation, compliance to allotted treatment plan and communication gap. Discontinuation or breakage of the causative habit poses a major challenge to the overall prognosis of the condition as individual case has special circumstances employed [7,11].

Case report

A 7 year old male patient reported to the Out Patient Department of Pediatric and Preventive Dentistry, Dr. Ziauddin Ahmed Dental College and Hospital, Aligarh, India with the chief

complaint of pain and discomfort for the last 4 days to the right side of the palate behind the front teeth. His medical history was non-contributory. Extra oral finding was significant. Patient's mother revealed a trauma on the left forearm and frequent scratching by the child on the wound by fingernail resulting into a pustule. The patient was on antibiotics for the same prescribed by a general practitioner for the past two days.

Intraoral examination revealed an ulcerated affected area about 1cm in diameter in the anterior third of the palate on the right side and the area was indurated (Figs 1 & 2). Apart from the injured site patient had carious exposure in the left posterior region of the mandible with respect to 74, 75 with sinus formation. Upon questioning the patient was reluctant initially to reveal the correct history but then admitted of traumatizing his palatal mucosa with his fingernail followed by a sharp pointed object. Reason still was not ascertained by him. The child seemed to be unhappy and quiet. The mother revealed that the child did not have any friend in the school and his performance in the school was below average. Confirming the diagnosis of self-inflicted injury based on past history of frequent fingernail scratching, self admission and examination, the patient and the family was counseled and made aware about the habit and the squeals of self-inflicted injury. The patient was referred to a child psychologist with the following medication for the affected ulcerated area: Betadiene ointment for local application externally, Betadiene mouthwash, Orasep-OT for local application internally on the wound, Ibugesic 200 mg (BD x 5 days). As the patient was already on antibiotics for past 2 days and he was advised to continue the same medication for 5 more days. Patient was recalled after 2 week for re-evaluation, the affected ulcerated area on the palate healed completely. The child is undergoing sessions with the psychologist.

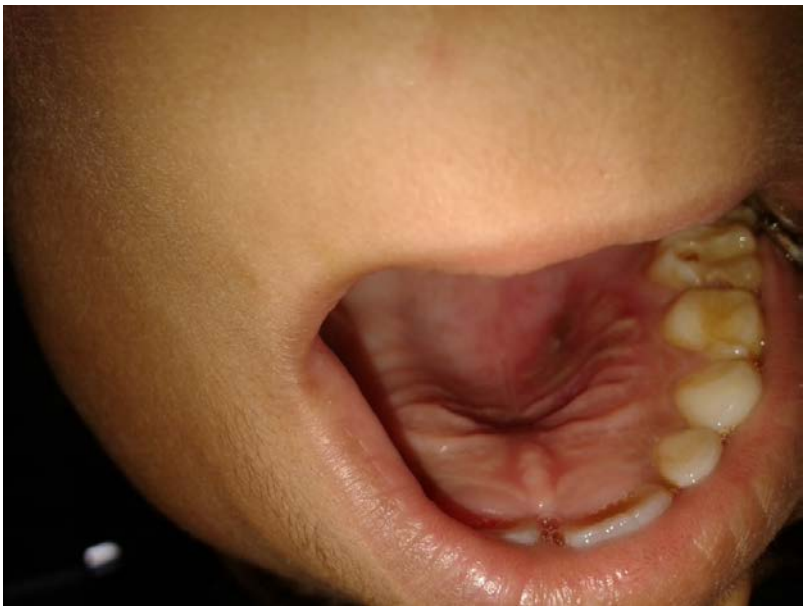

Figure 1: Clinical view of the traumatized palatal mucosa.

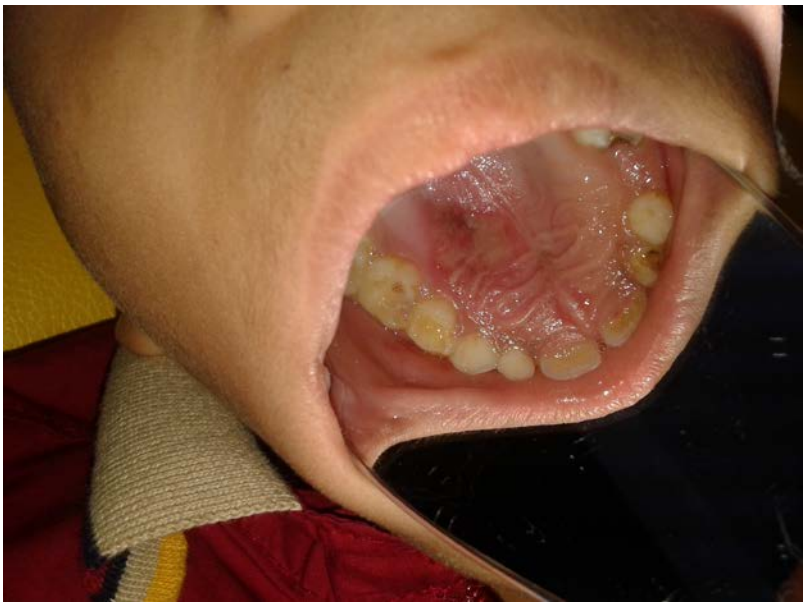

Figure 2: Clinical view of the palatal mucosa discharging pus.

Discussion

Self-inflicted oral injuries are more common in pediatric age group especially among female patients than adults [12-15]. Although no structure in the oral cavity is immune from the effects

of this type of behavior, gingiva still remains the most targeted tissue. Self-inflicted oral injuries in children may occur as a result of accidental trauma, premeditated infliction, or chronic habits such as fingernail biting, digit sucking, or sucking on objects such as pen, pencils, toothpicks, dental floss, or pacifiers [9,10,12,16-18]. Most case reports suggest that the method of producing injury is by 'picking' or 'scratching' the gingival tissues with fingers or fingernails [7]. Etiology may be either organic or functional. Among the functional etiology, one type has a greater psychogenic component and child may resort to various self injurious habits as a form of stress release [2].

Though self mutilation among children is quite a frequent phenomenon yet it is less commonly realized because children tend to admit their injurious habits only when they are caught practicing them. That is why many of the self inflicted lesions go undiagnosed or incorrectly diagnosed. Children as young as 4yrs of age have been observed who have traumatized the free and attached gingival tissues with the finger nail, occasionally to the extent that the supporting alveolar bone has been exposed and destroyed [1,7].

An awareness regarding the incidences of such conditions is a must among the dentists so that they can approach the problem in a much practical way. The etiology should be given utmost importance and the requisition of a thorough history can never be sidelined. The case discussed here yet again brings forth the importance of a comprehensive history which is beneficial to reveal the relevant information regarding the etiology. The first attempt should be directed towards cause determination which could broadly be differentiated into two factors either dental or emotional. If the injury occurs as a result of some local dental factor it could be rectified easily. However if some emotional factor is involved it should be tackled accordingly and the family should be educated, counseled and referred to some professional counseling agencies.

Tension, conflicts, peer group pressure, means of an escape from reality are the documented reasons of self mutilation. The case described here shows those extremes of behavior where the patient has injured himself with sharp foreign body besides frequent fingernail scratching resulting in ulceration and oedema.

Conclusion

This case report shows that it is possible to treat self inflicted oral soft tissue injury and maintain the oral health of a patient with destructive habit. Patient compliance, regular dental follow-ups, and psychological support may be useful in stabilizing the destructive element in these patients.

References

1. McDonald RE, Avery DR. Dentistry for the Child and Adolescent.7th edition. Mosby 2000; 467-469.
2. Tandon S. Textbook of Pedodontics. 2nd Edition. Paras Medical Publisher, 2008, PP 521
3. Stewart DJ. Minor self-inflicted injuries to the gingivae: Gingivitis Artefacta Minor. *J Clin Periodontol* 1976; 3:128–132.
4. Stewart DJ. Teething, an unusual response. A case of gingivitis Artefacta minor in an infant. *Br Dent J* 1982; 152: 93–94
5. Spencer RJ, Haria S, Evans RD. Gingivitis artefacta-a case report of a patient undergoing orthodontic treatment. *Br J Orthod* 1999; 26: 93–96.
6. Greene PR. An unusual self-inflicted gingival injury. *Br Dent J* 1994;177:23–24.
7. Dilsiz A and Aydin T. Self-Inflicted Gingival Injury Due to Habitual Fingernail Scratching: A case report with a 1-year follow up. *Eup J Dent* 2009; 3(2):150-154.
8. Creath CJ, Steinmetz S, Roebuck R. A case report. Gingival swelling due to a fingernail-biting habit. *J Am Dent Assoc* 1995; 126: 1019–1021.
9. Krejci CB. Self-inflicted gingival injury due to habitual fingernail biting. *J Periodontol* 2000; 71: 1029–1031.
10. Lucavechi T, Barbería E, Maroto M, Arenas M. Self-injurious behavior in a patient with mental retardation: review of the literature and a case report. *Quintessence Int* 2007; 38: 393–398.
11. Pattison GL. Self-inflicted gingival injuries: literature review and case report. *J Periodontol* 1983; 54: 299–304.

12. Alonso CAB, Della VD, Primo L. Self-inflicted gingival injury in a pediatric patient: a case report. *J Dent Child* 2004;71:215-217.
13. Singh P. Three Paediatric Patients with Oral Self-Mutilation-A Report. Dent Update 2008;35:280–3.
14. Sousa D, Pinto D, Arauja R, Rego RO, Moreira-Neto J. Gingival abscess due to an unusual nail-biting habit: A case report. J Cotemp Dent Pract 2010; 11(2): 085-091
15. Sulyman N, Kim MK, Rampa S, Allareddy V, Nalliah RP, Allareddy V. (2013) Self Inflicted Injuries among Children in United States – Estimates from a Nationwide Emergency Department Sample. PLoS ONE 8(7): e69874.
16. Sepet E, Ulukapi I, Aytepe Z, Cebeci I, Aydoğmuş Z. Factitial (self-induced) gingival disease: four case reports. *Quintessence Int* 2001;32:762-765.
17. Rawal SY, Claman LJ, Kalmar JR, Tatakis DN. Traumatic lesions of the gingiva: a case series. J Periodontol. 2004;75:762-9.
18. Pradeep AR, Sharma DC. Gingival recession and pathologic migration due to an unusual habit. J Int Acad Periodontol. 2006;8:74–77.