

Foreign Body in Primary Molar: A Case Report**Mayur Wakpanjar, Farhin Katge¹, Pooja Shivasharan**

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ABSTRACT:

For relief of dental pain, children often have a tendency to insert foreign objects in the oral cavity knowingly or unknowingly. These foreign bodies in the teeth are diagnosed accidentally during routine dental check up. In order to determine the location of the foreign body, an elaborate case history followed by radiographs are necessary. The purpose of this paper is to report a case of an eight year old child in whom foreign body was found to be lodged in the primary molar and its management.

Keywords: Foreign body, Primary molar, Pulp chamber.

INTRODUCTION

Many children have a habit of inserting various objects in the oral and nasal cavities.¹ This practice may result in the lodgment of foreign bodies within the pulp chamber or root canal thus leading to injuries of the hard or soft tissues.² Foreign objects are often discovered in the primary dentition during routine examination. The management of such foreign bodies requires thorough clinical as well as radiographic examination which assists in the determination of the location and methods of removal of the foreign objects.

CASE REPORT:

An eight year old female child reported to the Department of Paedodontics and Preventive Dentistry, with a chief complaint of long standing pain and swelling in the right posterior region of upper jaw since 10-12 days. An intraoral soft tissue examination revealed a draining sinus in the buccal gingiva of the primary maxillary right first molar (#54). A hard tissue examination revealed a nonvital #54 with deep disto-occlusal caries and tenderness on percussion.

The carious #54 was gently explored to dislodge food debris. A piece of lead pencil was found tightly lodged in the pulp chamber (figure 1).

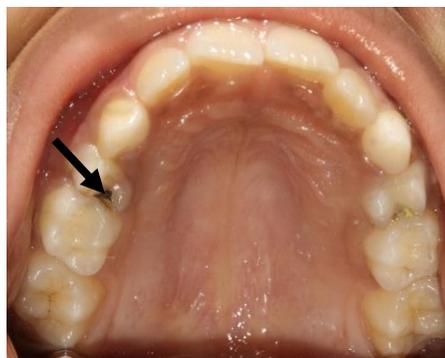


Figure 1: Occlusal view indicating the presence of lead pencil with #54

On recording further detailed case history, the patient elicited that she used a pencil to dig out food lodged in carious #54 to relieve tooth discomfort. The patient had not reported this incident to her parents for fear of punishment. An intra oral periapical radiograph of the concerned tooth was taken. No evidence of lead pencil was evident on the radiograph (figure 2). Resorption of the roots was noted. Based on the above findings, the treatment plan was decided, which included the

extraction of #54 under local anesthesia. Informed consent for the extraction procedure was obtained from the parent and the treatment was rendered. A one centimeter broken lead pencil was retrieved from the extracted tooth (figure 3).



Figure 2: IOPA showing root resorption with #54



Figure 3a, 3b: Lead pencil visible extending from the pulp chamber after extraction of #54

DISCUSSION

The habit of placing foreign bodies in the oral cavity is commonly found in children.³ Sometimes children do not reveal such events to their parents due to fear and are detected accidentally during routine radiographic examinations. Foreign bodies such as wooden tooth picks, absorbent points, tomato seed, pins, pencil tip, plastic objects, toothbrush bristles, crayons and stapler pins have been placed into the root canals of carious teeth in an attempt to remove food debris.⁴⁻⁹ Also, there may be serious and alarming consequences, such as aspiration or inhalation of the foreign bodies. Foreign body lodgment in primary teeth can lead to perforation of the pulp chamber. Impaction of the foreign bodies deeper beyond the furcation may cause trauma to the permanent tooth bud. This can destroy the permanent tooth bud completely or may form a complex odontoma. A force of lesser magnitude may result in a geminated and/or a hypoplastic successor tooth. The presence of a foreign body may also hamper the eruption of the underlying permanent tooth bud, resulting in ectopic or failed eruption. It may also cause mechanical obstruction at the time of root

formation and may alter the angulation of its root, leading to dilaceration.

Complications can occur if these lodged foci of infection are not soon eliminated. Goldstein cited development of actinomycosis due to the lodgement of a piece of jewelry in a maxillary central incisor.¹⁰

CONCLUSION

The treatment of a foreign body impacted in a tooth depends on the evaluation of clinical and radiographic findings, patient's age and level of cooperation. Educational campaigns should be conducted to emphasize the danger following inserting foreign bodies in the oral cavity. Parents should also be informed about the potential complications caused due to self injurious behavior with foreign bodies in young children.

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