



FOREIGN BODY IN ANTERIOR PALATE

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ABSTRACT

Accidental entry of foreign body into the oro facial region could be due to trauma, therapeutic interventions or iatrogenic. Various foreign bodies and location have been reported, for example coin in the cleft palate, tooth fragments in orbit, Air Gun injuries etc. Foreign bodies sometimes migrate within the tissues and become symptomatic after certain period of time. To prevent complications, foreign bodies should be diagnosed and removed on time.

KEYWORDS: Foreign bodies, Habits, Palate.

INTRODUCTION

Foreign body (Latin: corpus alienum) is microscopic or macroscopic object introduced into human body at the time of an operative procedure, iatrogenic procedure or by accidental injury. Foreign materials may be left inside the patient's body while operating or while surgery like needles, instruments, towels, etc. In Dentistry, while operating traces of amalgam, broken instruments may also be found in the gingiva and root canals. Needle breakage has most frequently in relation with inferior alveolar nerve block. Proper diagnosis using history and radiographic examination should be made for retrieval of those materials.

CASE REPORT

A 22 year old male patient reported to the Department of Oral Medicine and Radiology, Meenakshi Ammal Dental College, Chennai came for his regular dental check up. Patient was medically fit and well with unknown allergy to medications. On Intraoral examination a root stump was observed in the palatal aspect in between 24, 25 teeth region.(fig 1).

The patient advised IOPA (fig 2) which revealed a tooth like structure in between 24, 25 region and also shows a radiopacity which is denser and is embedded within the root stump. A diagnosis of foreign body embedded within the root stump in the palate was made. With the informed consent of the patient surgical exploration of

foreign body and root stump (fig 3) under Local Anesthesia was done.



Figure 1.



Figure 2.

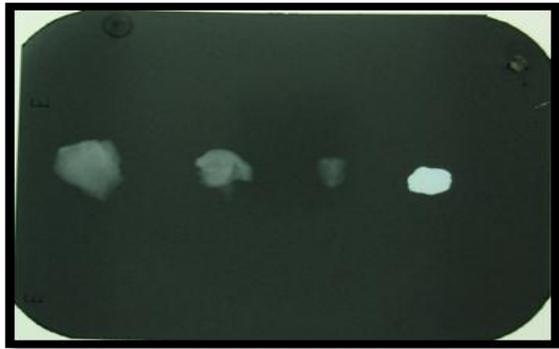


Figure 3.

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DISCUSSION

Foreign bodies may be ingested, inserted into a body cavity or deposited into the body by a traumatic or iatrogenic injury. Motor vehicle accidents, assaults, bullet wounds, habitual injuries like usage of tooth picks, pencils etc and iatrogenic surgical fault are the most common causes of traumatic foreign bodies.^[3] Tissue reactions to foreign bodies are commonly encountered in the oral cavity (Hunter and Taljanovic¹ 2003; Stewart and Watson^[2], 1990). Usually, history taking reveals the nature of the foreign body. Introduction of the foreign body into the anterior palate may cause initial local pain, stay inert (asymptomatic), induce local abscess formation or spread into nasal septum/maxillary antrum. In our case, the entry of foreign body was evaluated based on detailed personal history, which revealed that patient has a habit of pencil biting to relieve itching during childhood. The same was confirmed on histopathological evaluation of the obtained specimen after surgical exploration.

CONCLUSION

This reinforces the old lesson that history taking is of prime importance in clinical practice. However foreign bodies in the orofacial region definitely pose a challenge to the dentist. So, a thorough understanding of the nature and cause of the injury has to be taken into consideration with a good radiographic interpretation, So that nothing will be left out which may cause hazardous complications.^[4,5,6]

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