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Foreign Body in the Anterior Gingiva –an Accidental Finding

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ABSTRACT The discovery of asymptomatic foreign bodies in the oral cavity is usually an incidental finding. Detailed case history, clinical and radiographic examinations are necessary to come to a conclusion about the nature, size, location of the foreign body and the difficulty involved in its retrieval. The retrieval depends on whether the foreign body initiates an acute reaction or it has close proximity to vital structures.We are presenting a case report where a foreign body was seen in the maxillally anterior region.The retrieval was adjourned until symptoms arises.

Introduction

Dental injuries may involve damage to the tooth and the supporting dental tissues. In order to deliver prompt treatment both the components should be addressed. Soft tissue injuries should be assessed and displaced or lacerated tissues should be repositioned and sutures placed. Where soft tissue injuries occur concomitantly with tooth fractures, the soft tissues should be examined for the presence of embedded foreign bodies. Foreign bodies can get lodged in the gingival as a result of trauma which may be as a consequence of accident or self infliction(1). A case is presented herein where a 22 year old female patient presented to our clinic with a discoloured upper anterior teeth .

Case Report

A 22 year old female patient reported to our dental clinic with the chief complaint of discoloration of right anterior teeth. The tooth was non tender on percussion and no caries was detected clinically. Patient had a history of trauma at the age of 13 years. Intraoral Periapical Radiograph (IOPA) showed calcified root canal and a foreign body in the apical region of upper central incisor. Thermal vitality test showed no response. The treatment plan included root canal therapy and apical surgery for removal of foreign body if symptoms arises.

Discussion

The embedded foreign body initially acts as an irritant and induces an acute inflammatory reaction in the form of hyperaemia, leucocytosis, proliferation of fibroblasts and the formation of granulation tissue. The subsequent changes depend on the presence or absence of pyogenic bacteria. If it is so infected, suppuration ensues, a sinus forms, and persists until the foreign body is either cast out or removed. If the wound is aseptic ,the substance is surrounded and permeated by the phagocytes, which soften and disintegrate it, the debris being gradually absorbed. Minute bodies which cannot be absorbed are taken up by the phagocytes, and in course of time removed. Larger unabsorbable bodies become encapsulated by the action of phagocytes. In the granulation tissue by which they are surrounded large multinuclear giant-cells appear ("foreign-body giant-cells") and attach themselves to the foreign body, the fibroblasts proliferate and a capsule of scar tissue is eventually formed around the body. (2)The tissues of the capsule may show evidence of iron pigmentation and at times fluid accumulates around a foreign body within its capsule, constituting a cyst.

The ignorance of the patients regarding the possible lodgment of foreign body in the tissues is remarkable. In such cases the Intra oral periapical will reveal the presence of the foreign body if it has the ability to attenuate X-rays; depending on their inherent radiodensity and proximity with the tissue in which they are embedded [3]. The question of removal of the foreign body must be decided according to the conditions present in individual cases; in searching for a foreign body in the tissues, unless it has been accurately located.

In the present case we did not find any evidence of acute inflammatory reaction and the foreign body could have been encapsulated within the scar tissue. No treatment was warranted immediately unless there is an exacerbation of the latent phase. In such a context an apical surgery may be performed.

Intra oral periapical shows foreign body in the anterior maxillary region.

Figure-1

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