Case Report
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Foreign Body (Tooth) in the Tongue – A Case Report

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Abstract

Tooth fragments or foreign objects like obturation materials, broken instruments, restorative materials, needles, and bullets from gunshot injuries occasionally penetrate into soft tissues and may become a potent source of pain and infection. It may cause acute or chronic symptoms. This case report describes a 48-year-old woman with a fractured tooth fragment embedded in the tongue in the past three years and remained asymptomatic. This case emphasizes the importance of clinical examination along with radiographic diagnosis especially post-trauma, to avoid missing other complications.

Keywords: Foreign Body, Mandibular Central Incisors, Tongue

1. Introduction

Soft tissue injuries occur as a result of dentofacial trauma, the skin or mucosa sustaining injury either by direct contact with the responsible object or by being forced onto the teeth. The co-occurrence of avulsed teeth or coronal fractures should aware the clinician to their possible loss in deeply lacerated wounds[1]. Surgically removed cases of a foreign object such as a piece of snaggle tooth, or fishbone seen on the tongue were reported before[2]. This case report emphasises the soft tissue examination and proper investigations even in the late presentation of trauma cases.

2. Case Presentation

A forty-eight-year-old female was brought to the department of Oral Medicine and Radiology of the Tamil Nadu Government Dental College with a complaint of pain and swelling in the tongue for the past 3 days. The patient gave history of trauma three years ago. She was sutured for soft tissue lacerations. No other relevant past medical history was reported.

Intraoral examination revealed swelling and ulcer present in the right dorsal surface of the tongue. On palpation, the swelling was firm in consistency and mobile (Figure 1(A)). Currently on dental examination patient had clinically missing mandibular right central and lateral incisors teeth #41, and #42.

A mandibular occlusal radiograph was advised in which the presence of a tooth like structure and radiodensity similar to the adjacent tooth was identified in the tongue space (Figure 1(B)). Based on radiographic findings avulsed tooth was embedded in the tongue space. Under the aseptic condition, 2%lidocaine with adrenaline was injected and the incision was placed in the right dorsal surface of the tongue, then tooth fragments were removed (Figure 1(C)). The wound was sutured. Analgesics and antibiotics were prescribed. Postoperative radiograph revealed the complete removal of the tooth. (Figure 2(B)). The histopathological report confirmed the clinical diagnosis of the tooth (Figure 2(D)). One month follow-up showed satisfactory healing (Figure 2(C)).

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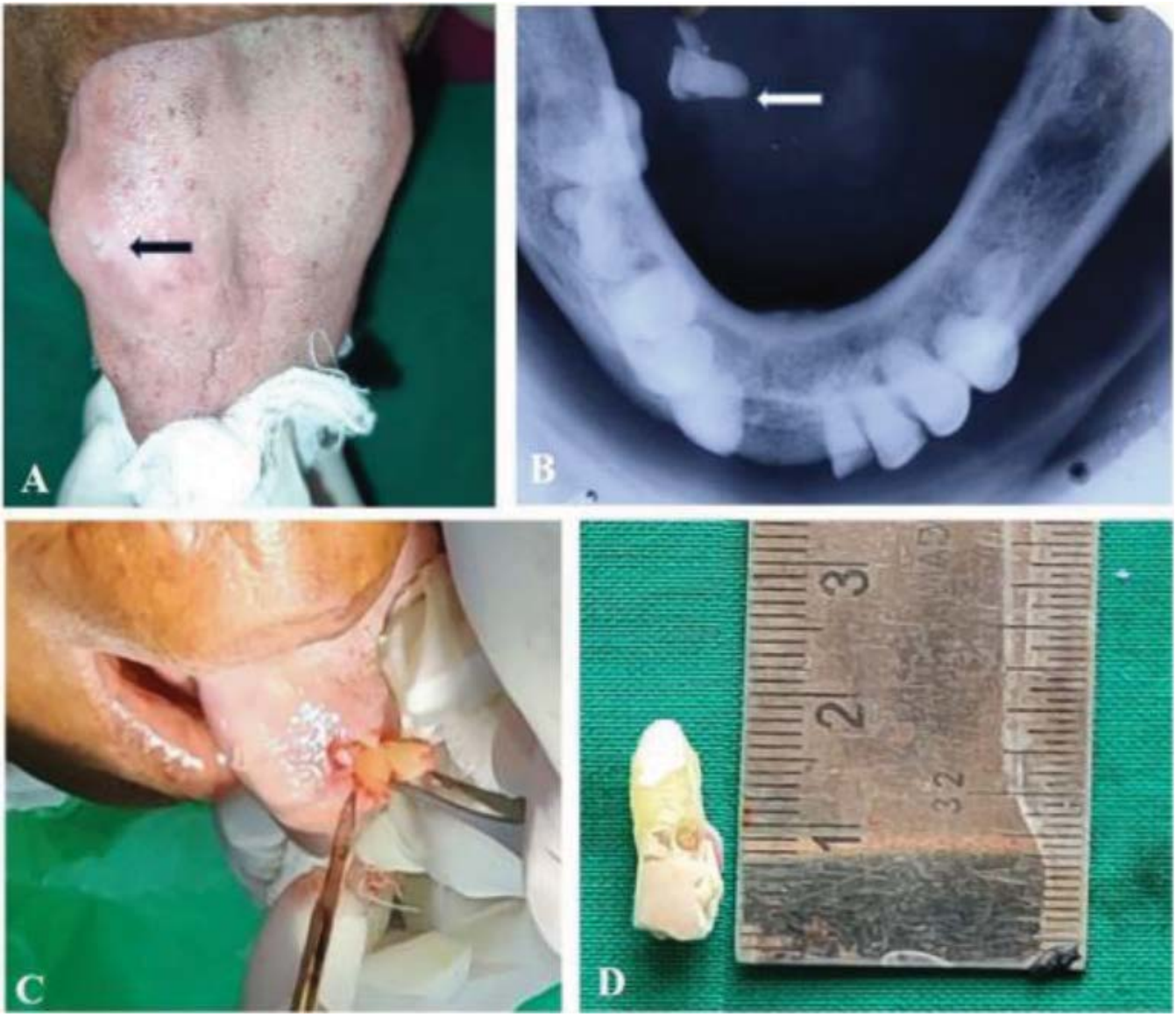


Figure 1. **(A).** Swelling and ulcer in the right dorsal surface of the tongue (black arrow). **(B)**. Arrow indicates radio-opaque structure present in the tongue space in a mandibular occlusal radiograph. **(C)**. Intra-operative procedure of removal of foreign body (tooth). **(D)**. Image of the surgically removed specimen (tooth).

3. Discussion

Based on studies, 62.8% of trauma cases had oral soft tissue injuries[3]. Low exposure intraoral radiograph can be used to assess the soft tissue injuries embedded with tooth fragments or foreign objects Intraoral mandibular occlusal radiograph can identify foreign object (tooth) in soft tissues. Since the tooth fragment was not clinically evident, a radiograph was the only option for investigation. Hence CT or ultrasound should be used to localise foreign objects if the conventional methods are not sufficient. To conclude, medical practitioners should be diligent in examining trauma cases that involves soft tissues in the orofacial region. Further investigation is necessary for the treatment procedure.

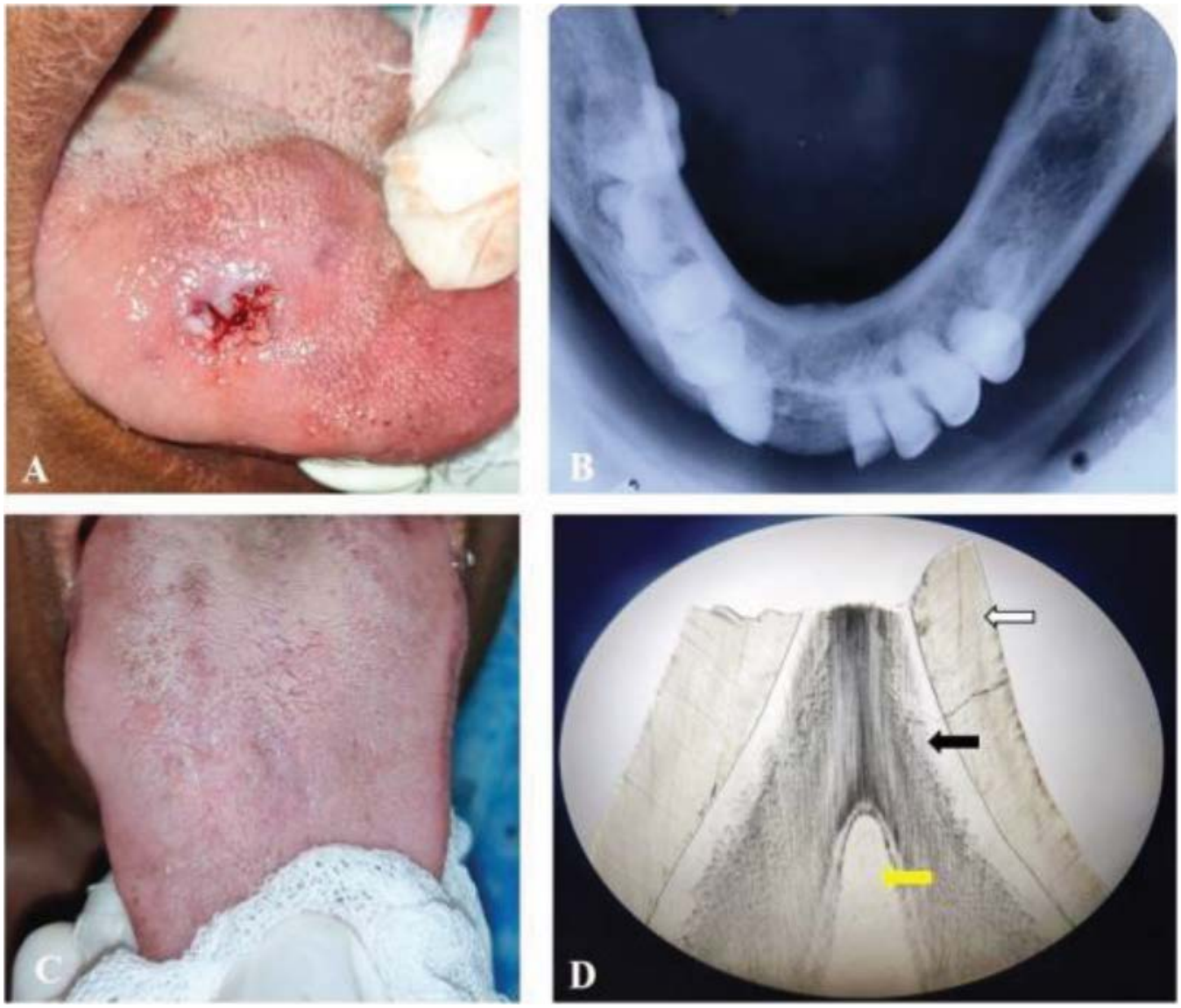


Figure 2. **(A).** Immediate post operative surgical site of tongue. (**B**). Postoperative mandibular occlusal radiograph (absence of radio-opaque structure). (**C**). One-month follow-up showing satisfactory healing. (**D**). Photomicrographic image showing a ground section of tooth-enamel (white arrow), dentin (black arrow), pulp space (yellow arrow) 4x magnification.

4. References

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