

## Foreign body Around Toddler's Primary Molar Report of a case

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### Abstract

Foreign bodies can be found in the pulps of primary teeth during routine oral examinations. These foreign bodies can result in painful complications. A detailed case history and clinical and radiographic examinations are necessary to come to a conclusion about the nature, size, and location of the foreign body, and to determine the difficulty involved in its removal. The purpose of this paper is to report strange clinical case to a toddler, and the management of a foreign body found lodged in the periodontal ligament of a first primary molar.

**Keywords:** Foreign Body; Needle; Periodontal; Toddler

### Introduction

Frequently, foreign bodies are found in the oral [1] and nasal cavities [2] maxillary sinuses [4] of children. Oral foreign bodies may be the cause of a person seeking dental care to relieve the discomfort and may be discovered by the dentist's during routine examinations [3]. Such a self-injurious act made by the child might result in undue complications, such as exposure of the vital pulp or breakage of the foreign body leading to dental pain and infection. Also, there may be serious and alarming consequences, such as aspiration or inhalation of the foreign body [2,3].

Management of such foreign bodies requires a thorough clinical and radiographic examination to ascertain its exact location, the extent of damage, and the possible a traumatic methods to remove the lodged foreign body [5].

The purpose of this paper was to describe a toddler in whom foreign body was found to be lodged in the periodontal ligament of the first primary molar and their management thereafter.

### The Clinical Case

An anxious young father of a 2.0 year old girl attended the Department of Pediatric Dentistry, Faculty of Dentistry, Benghazi University, Libya, complained that his daughter chewed a Sew needle. Child was first child in the family. Dentition was a healthy primary dentition; second primary teeth were not erupted yet. Father denied medical conditions. Clinically the piece was visible. I.O.P.A. radiograph showed a part of the needle placed at the distal root of 74, as shown in figure 1. While removal of the piece in the clinic, it pushed more down, as shown in figure 2. With difficulty the piece of the needle finally removed using a thin and long curved needle holder, as shown in the figure 3.



*Figure 1*



*Figure 2*



*Figure 3*

### Discussion

Different foreign bodies have been reported, ranging from darning needles and metal screws to beads, stapler pins, of indelible ink tips, brads, a tooth pick, adsorbent points, and even a tomato seed a conical metallic object, straws in the root canal of a primary central incisor in a 3-year-old child, and the teeth were later extracted [6].

Many foreign bodies have been reported to break and separate inside the pulp chamber. Such self-injurious behaviors may occur as a potential outcome of un-treated carious teeth in young children.

A radiograph forms a valuable diagnostic tool in determining the exact location and relative radio-opacity of the foreign bodies. McAuliffe [5] summarized various radiographic methods to localize a radiopaque foreign objects, such as parallax views, vertex occlusal views, triangulation techniques, stereo radiography, and tomography. Specialized radiographic techniques, such as radiovisiography and 3-D CAT scans, can play a pivotal role in the localization of these foreign bodies inside the root canal.

Complications can ensue if these lodged foci of infection are not soon eliminated; like chronic maxillary sinusitis of a dental origin that occurred due to the pushing of foreign bodies into the maxillary sinus through the root canals, and development of actinomycosis due to the lodgment of a piece of jewelry chain in a maxillary central incisor [6,7].

In this case, the piece of the broken needle, was placed in the periodontal ligament of the distal root of tooth 74, and retrieved successfully. Tooth 74 otherwise was sound and vital. Dentition was healthy and caries free. Safety of the child's body was confirmed regarding the remaining piece of the needle.

Oral hygiene and feeding instructions were given to her dad. Regular dental review arranged for the child as well.

### Conclusion

Educational campaigns should be conducted to emphasize the danger following the use of foreign bodies in the oral cavity. The young parents should be aware about such unwanted instances for their children; to avoid such dangerous situation.

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