

Every Documented Detail Matters and Can Make a Huge Difference

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Dental identification undertakes a primary role in the identification of remains exclusively when deceased is decomposed, burned, dismembered, or skeletonized. Use of fingerprinted or DNA evidences annuls quite early with degree of post-mortem changes and traumatic tissue injury making identification more crucial by counting on dental comparison as the only method [1]. On the other hand, the 'pure' level of certainty associated with the critical method of dental identification has been seriously questioned, and doubt has subsequently been cast over the reliability due to difference in conclusion on same case from different identification experts (number of significant agreements), break in chain of evidences due to lack of few dental records or too old dental records (consistent vs inconsistent discrepancies). Even through the rising concern of people towards dental hygiene it is not rare to find blank dental records where there is no restorative, surgical, operative or prosthodontics work has been done on teeth ante-mortem and all teeth are virgin at post-mortem and there is nothing significant to compare to establish identity. All these above mentioned arguments are a call to all dental professionals on every level that there is a need of documenting each and every dental or non-dental unique findings which can make a difference in forensic dentistry to establish identity.

The recent study "Fashion for a reason" which was conducted to investigate the use of modified tooth/oral jewellery items in Forensic odontology and to create an elaborated oral charting system to document Jewellery and other oral modifications showed that there is a lack of literature and subsequently gap in knowledge on oral modifications, jewellery/piercings or tattoos amongst dental professionals. The possible reason behind this negligence might be association of ornamental oral piercings/tattoos to a disgusting/vile but a fashion by dental professional (46.66%). Although 53% of dentists accepted the idea of presenting oral jewellery to their interested patients and that it "might be" a unique finding by 60% [2]. Another reason would be that a very limited number of case reports or review articles has been performed on immediate or long-term complications of ornamental oral piercing but not a single one has reckoned on significance of these modifications

especially in dental human identification. Moreover The American Academy of Paediatric Dentistry (AAPD) recognizes the importance of educating the public and health professionals on the health implications of intraoral/perioral piercings and oral jewellery/accessories by only highlighting health related issues due to intra oral piercings and drawing attention to unregulated piercing parlours and techniques that have been identified by the National Institutes of Health as a possible vector for disease transmission or complications but this is not a solution to the problems [3].

Overall body modifications and piercings are under "freedom of expression" considered as a unique way of personal statement even in this age and has been moderately accepted worldwide in all fields of work and professions [4,5]. Between January 1, 2002 and December 31, 2008, an estimated 24,459 patients presented to U.S. emergency departments with oral piercing-related injuries. The annual average number of estimated emergency department visits was 3,494, with a range from 2,675 (in 2005) to 4,380 (in 2006) [6]. The number of patients with any kind of oral modifications visiting dental clinics on everyday basis without complications are yet unknown in the UK. The significance of intraoral/perioral ornamental piercings and accessories as a unique non-dental finding would offer a solution by drawing attention on need of either shifting intraoral or perioral piercings to dental professionals or educating and guiding tattoo/piercing parlours about dynamic nature of oral cavity and possible complications and also documenting the different kinds of oral jewels, piercings and modification by dental professionals on general appointments considering them valuable as an intraoral non-dental finding. The objective of writing this short communication is to invite young researchers to conduct more studies in this aspect of dentistry and to educate them about currently available and most common oral modifications (intra-oral/peri-oral piercings, tattoos and dental modifications aesthetics or non-aesthetics).

The pioneer study has opened doors to a new field of "Forensic Dental jewellery" where dental professional are encouraged to carry out longitudinal studies to explore the relationship between

intraoral/perioral piercings and health issues that has been mythically related to ornamental piercings. Only Dental professionals can find answers whether it's poor maintenance of oral hygiene after piercing, wrong piercing technique or site, improper sterilisation, inexperienced piercing artist, allergic material or piercing itself that is responsible for complications. This is the time and need of dental professionals (practitioners and students) to gain enough information on forensic jewellery and transporting data on most common oral piercing, their sites and training them to use suggested anatomical charts to record oral jewellery/piercings or tattoos (Figure 1). It will allow young professionals in future to find best techniques and anatomical sites to avoid complications and best materials that can last in extreme conditions and less harmful to oral structures to serve mankind and forensics both.

As the wide number of piercing sites available in and around oral cavity and absence of any medical guiding committee at tattoo and piercing studios people tend to pierce where ever they want to regardless of considering the immediate or long term complica-

tions in most cases [7] and it is not suitable to give each piercing a standard code to note it down in dental charts rather observing the piercing site in patient's soft tissues and marking it on charts will be preferable. Among different types of dental charts, Anatomical charting system is most suitable to record soft tissue piercing/modifications as anatomical charts represent the anatomy of teeth and adjacent soft tissues the only limitation is that it is difficult to mark periapical or other root conditions [8] and that's irrelevant as all of them are superficial.

In this case a detailed sketch/drawing (anatomical chart) of oral cavity will help to locate the piercing in a subject and while recording it is advised to try to mimic the exact location on the chart as seen in patient's mouth as if it is not recorded as present in patient's mouth it will not carry same weight as an evidence. Some of most common piercings and their locations and nomenclature have been shown in table 1 and suggested anatomical chart is shown in figure 1. Both the table and chart can be used in combination for the patients in need to record the unique findings.

| Oral piercings and their anatomical position | |
|--|--|
| Type | Landmarks |
| Lip piercings | |
| 1. Monroe | Left side of upper lip |
| 2. Madonna | Right side of upper lip |
| 3. Medusa | Centre of upper lip |
| 4. Labret piercing | Single lower lip piercing at centre or off- centre |
| 5. Vertical Labret | Top of the lower lip to bottom of the lower lip |
| 6. Vertical Low Bert | Lower vestibular sulcus to jawline |
| 7. Horizontal Lip | Lower lip pierced horizontally |
| 8. Angel bite | Bilateral piercings on upper lip |
| 9. Snake bite | Bilateral piercings on lower lip |
| 10. Spider bite | Unilateral lower lip dual piercing closed together |
| 11. Vampire bite | Unilateral lower lip dual piercing separated by space |
| 12. Canine bite | Quadrilateral upper and lower lip piercings in front of four canines |
| 13. Cyber bite | Upper and lower lips pierced separately at centres |
| Tongue piercings | |
| 1. Classic | Dorsoventrally tongue piercing at centre or sides |
| 2. Venom piercing | The barbell is placed dorsally, curves down toward the ventral side of the tongue, and resurfaces at the dorsal aspect |
| 3. Web piercing | Lingual fraenum piercing |
| 4. Horizontal Tongue piercing | Side to side piercing through body of the tongue |
| 5. Tip piercing | Tip of the tongue |
| 6. Dimple piercing | Unilateral or bilateral cheek piercing |
| 7. Uvula piercing | |
| 8. Labial fraenum piercing | |
| 9. Buccal fraenum piercing | |

Table 1: Most common oral piercings, anatomical position and their nomenclature.

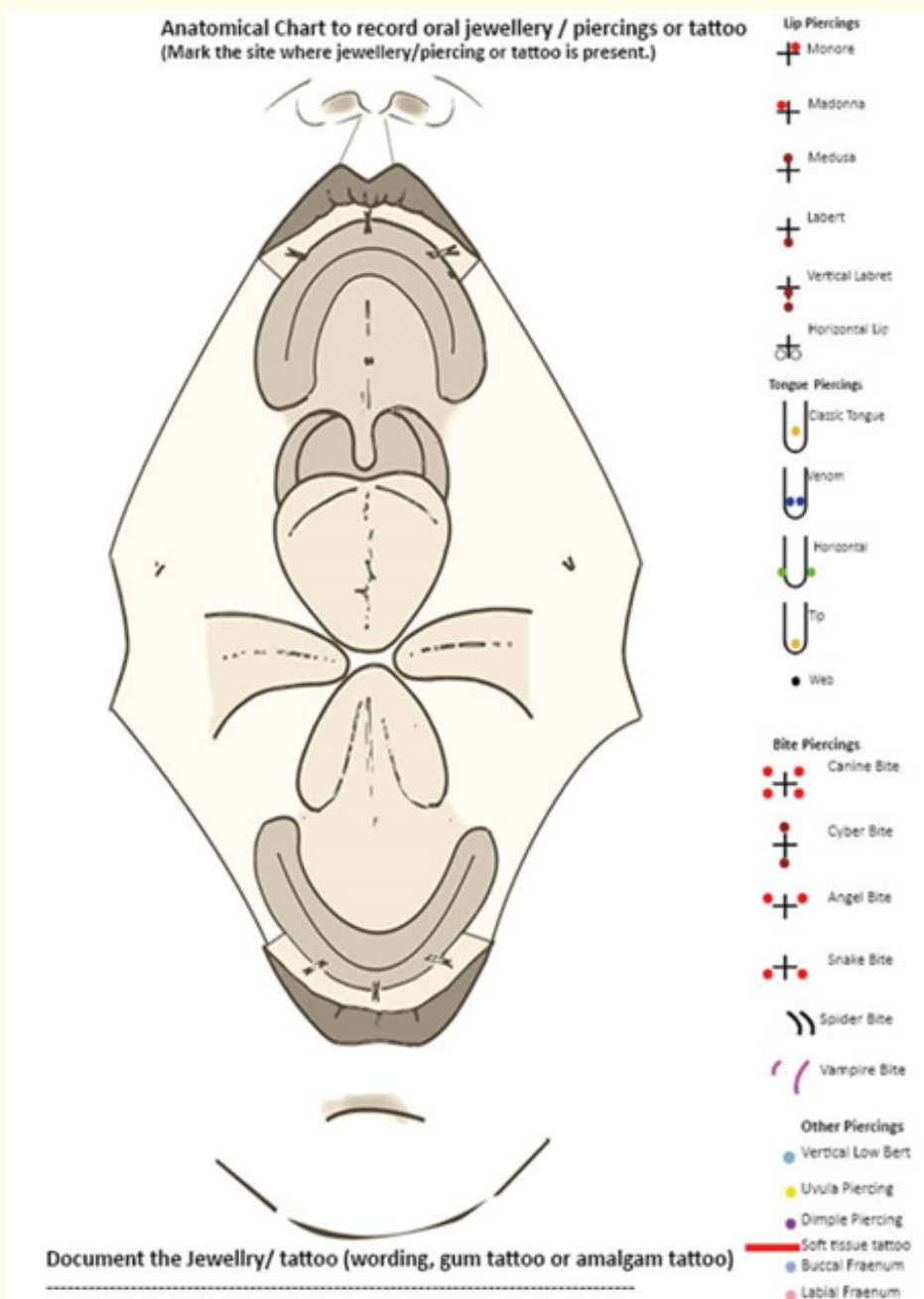


Figure 1: Anatomical chart to record dental jewellery/piercings or tattoos.

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