

Case Report

Factitious gingival habit: A case report

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Abstract: Self-injurious behavior (SIB) results in the infliction of physical damage and, perhaps, pain upon oneself. Oral injuries of this type seem to be much more common in children than in teenagers and adults; mostly reported in female patients. The gingiva is the most commonly targeted tissue and no structure in the oral cavity is immune from the effects of this type of behavior. A 6-year-old girl was referred to the department of Paedodontics & Preventive Dentistry for evaluation and treatment of the gingival ulcer associated with the maxillary right central incisor. For managing such self-inflicting habit, oral hygiene instructions were given to the parents and child. The patient was asked to refrain from the habit and trim her fingernail. She was also asked to refrain from the old toothbrush which might cause injury to the gingival tissue. As a part of reminder therapy parents were asked to apply adhesive bandage to the index finger of their child till one week. A local anesthetic gel was prescribed asked to apply on the lesion.

Keywords: Oral habits, Masochistic habit, Self induced injuries.

INTRODUCTION

Oral soft-tissues injury can occur due to accidental, iatrogenic, and factitious traumas [1]. Self-injurious behavior (SIB) also referred as factitious/self induced injury, self-mutilating injuries and injuries due to masochistic habits results in the infliction of physical damage and pain upon oneself [2, 3].

A type of physical injury to the gingival tissues referred as Gingivitis artefacta [1] is more common and thought to be provoked by a preexisting irritational locus resulting from rubbing or picking the gingival by using the fingernail or from abrasive foods [2, 4, 5]. It may occur due tooth self-extraction, nail biting (NB), tongue mutilation, sucking digits, or sucking a variety of foreign objects such as pencils, pens, eyeglass, earpieces, toothpicks, knives, dental floss etc. [6]. It has been found to be much more common children than in teenagers and adults, with more involvement female patients [7]. Physical injury to gingiva is more common and no structure in the oral cavity is immune from the effects of this type of behavior [1]. The lesions due to injury may persist longer and may recur more frequently than the expectation of the clinician. These types of cases are found commonly among children with emotional disturbances. Thus, careful diagnosis and adequate treatment are important [8].

Present article describes a unique case of self-inflicting injury to the gingival tissue.

CASE REPORT

A 6-year-old girl was referred to the department of Paedodontics & Preventive Dentistry for evaluation and treatment of the gingival ulcer associated with the maxillary right central incisor (Fig. 1). The patient's medical history was non-contributory and she did not take any medications. On Clinical evaluation 2056 gingival in these regions had edematous, reddish and ulcerated appearance (Fig. 2). Plaque deposits were minimal. All teeth appeared healthy, and her oral hygiene was satisfactory. The patient had history of pain and sensitivity in this area. Upon questioning, she admitted to have been "scratching" her gingiva with her fingernail for a long time. She also stated that this habit occurred mainly at the time of exams (Fig. 3). Her history gave no evidence of any known prior emotional disturbance.

For managing such self-inflicting habit, oral hygiene instructions were given to the parents and child. The patient was asked to refrain from the habit and trim her fingernail. She was also asked to refrain from the old toothbrush which might cause injury to the gingival tissue. As a part of reminder therapy parents were asked to apply adhesive bandage to the index finger of their

child till one week (Fig. 4). A local anesthetic gel was prescribed asked to apply on the lesion.

At one week follow up, satisfactory healing of the gingival ulcer was seen (Fig. 5). Unfortunately patient didn't turned up for further recall visits.



Fig. 1: A 6 year old girl reported to the department



Fig. 2: Gingival ulcer present in relation to the maxillary central incisor



Fig. 3: Patient demonstrating her masochistic habit



Fig. 4: Remainder therapy with adhesive bandage



Fig. 5: At one week follow up

DISCUSSION

In this case gingival injury was caused by “scratching” her gingiva with her fingernail. Pattison stated that it is very difficult to explain the reason why a child with normal psychological behavior and intelligence would develop such a habit [7]. In this case reported, the patient had intelligence compatible with her age.

Habitual fingernail scratching is a common behavior among children [9, 10]. Such injuries are not limited to children even diagnosed adolescents [7, 9]. In this case, the teenage patient has a habit of fingernail scratching. Dentists need to be careful regarding potential ramifications of fingernail scratching including physical injury, gingival recession, potential bacterial contamination (infection), inflammation, attachment loss, bone loss, and even tooth loss [1].

Stewart and Kerohan have listed several features that are common to self-inflicted gingival injuries [11]:

- They do not correspond to those of any known disease.
- They are mostly of a bizarre configuration with sharp outlines on an otherwise normal background.
- The grouping and distribution of the lesions are unusual and in positions that can easily be reached by the patient's hand.

- They may occur singly, but more often they are multiple.

Management of self-inflicted injuries is usually complicated as there are no standard techniques to prevent or treat orofacial self-inflicted injuries. It might be difficult for the patients to stop the noxious behavior. Treatment plan is made according to the circumstances. For control of destruction, sedation, behavior modification and restraints are generally employed [11].

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