

Treatment approach in a case of oral self-mutilations

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Background

Absence of pain after physical injury through trauma or disease is rare and may have several possible backgrounds. Not reacting to pain may lead to serious orofacial complications, in particular during early childhood.

“Indifference to pain”; not reacting to painful stimuli due to a lack of cerebral attention or cognitive/emotional dysfunction is associated with conditions such as Lesch-Nyhan syndrome, Tourette’s Syndrome and Schizophrenia as well as several other conditions. “Insensitivity to pain”, can be the result of a reduction in the number of small nerve fibers is distinct and usually considered a Hereditary Sensory and Autonomic Neuropathy, HSAN.

First presentation

A nine month old patient presented with traumatically induced oral ulcerations.

He did not react to any painful stimuli.

Erupted incisors were extracted.



Ulcerations at First visit

Subsequent visits

As the primary canines and molars were erupting, conservative treatment with glass ionomer cement on the occlusal surface was attempted. Recurring ulcerations led to the decision that all erupted teeth would be extracted under general anesthesia.



No recurring ulcerations following extractions

Control

The second primary molars are erupting, ulcerations are visible on the lateral side of the tongue.



Erupting teeth and new ulcerations

Discussion

From our experience with this and other cases of oral self-mutilation, a multidisciplinary discussion is a necessity. Counselling the parents is essential to prevent greater damage. Further, the ability to comply with recommendations and conservative treatment options should be assessed.

Reviewed case reports generally achieve good treatment outcomes through tooth grinding or protective acrylic splints. However, hindering irreversible damage to oral and peri-oral tissues is prioritised, which explains our radical treatment choice in the presented case. Further steps are being discussed with both the parents and other medical specialists.

As soon as possible, electrophysiologic testing, cutaneous nerve biopsy and possibly psychological assessment is recommended, to further diagnose and rule out comorbid conditions that may give further insight into self-mutilating habits. Genetic analysis can be an aid in diagnostics and is also of academic interest.

Recommended Treatment Approach

- Prevent further damage and self-mutilation
- Conservative treatment
- Further diagnostic tests to evaluate underlying neuropathy and/or potential comorbid conditions
- Genetic analysis and counseling