

increased risk for gingival recession with oral piercings.¹⁸ Another meta-analysis of oral piercing complications found a similar prevalence of dental fracture (34%), tooth wear (34%), gingival recession (33%), unspecified dental damage (27%), and tooth chipping (22%).¹⁹ Considering the extensive amount of cumulative damage, wearers of oral jewelry require periodic periodontal evaluations to monitor for dental damage and gingival recession.²⁰ There are limited data on treatments for complications of oral piercings, and further research in this area is warranted.

Proliferations and Scars

Although proliferations and scarring were among the least common complications reported in the literature, they are some of the most cosmetically disfiguring for patients. Keloids, the most common type of growth associated with piercings, do not naturally regress and thus require some form of intervention. Given the multimodal approach used to treat keloids, as described by the evidence-based algorithm by Ogawa,²¹ it is not surprising that keloids also represented the complication most treated with medical therapies, such as steroids, and also with direct-target therapy, such as liquid nitrogen therapy (Supplemental Information).

Other proliferations reported in the literature include benign pyogenic granulomas²² and much less commonly malignant neoplasms such as basal carcinoma²³ and squamous cell carcinoma.²⁴ Although rare, treatment of piercing-associated malignancies include surgical removal, chemotherapy, and radiation therapy (Supplemental Information).

Limitations

There are several limitations to our systematic review. First, heterogeneity in study designs, patient populations, treatment interventions, and outcome measures of included studies may have affected the quality and generalizability of our results. Moreover, because the studies included in this systematic review focused on specific complications, we could not compare our results to the literature that analyzes incidence rates of piercing complications. Furthermore, not all studies included the data that we hoped to extract, and thus only available data were reported in these instances. Finally, the articles we reviewed may have included publication bias, with positive findings being more frequently published, potentially inflating certain types and sites of complications and treatment choices. Despite these limitations, our review provides essential information that must be interpreted in a clinical context.

CONCLUSION

Given that cutaneous and mucosal piercing has become more prevalent in recent years, along with an increase in the variety of piercing-induced complications, it is of utmost importance that piercing salons have proper

hygiene practices in place and that patients are aware of the multitude of potential complications that can arise—whether common and benign or rare but life-threatening.

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