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Full Length Research Article

SUDIPTA KAR AND PRATIK LAHIR'S MODIFICATION OF TREATMENT MODALITY IN TREATING MASOCHISTIC HABIT

***Dr. Sudipta Kar and Dr. Pratik Kumar Lahiri**

Department of Pedodontics & Preventive Dentistry, Guru Nanak Institute of Dental Sciences & Research, Kolkata, West Bengal, India

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ABSTRACT

This article provides a case report of 11 year old female patient with pain and swelling in lower lip. Thorough clinical examination revealed that the patient was traumatizing herself by recurrent self injurious lip biting. We here reorient the treatment modality by introducing different thought process never been used before.

INTRODUCTION

According to definition, masochist is someone who gratifies pleasure from receiving self injurious punishment. The word Masochism is actually evolved from an Austrian writer Leopold von Sacher-Masoch who expressed about the appeasement he experienced from his own pain and humiliation in the nineteenth century. On the other hand according to Dorland habit can be defined as a fixed or constant practice established by frequent repetition. Masochistic habits are those in which the patient enjoys injuring own self deliberately. Physical, thermal and chemical injuries are the main causative factors for common traumatic dental lesions (Brasic *et al*., 1997; Ghanizadeh *et al*., 2011; McMullen *et al*., 1980; Pattison *et al*., 1983 and Stewart *et al*., 1972). The effect of injury due to masochistic habit is often more detrimental because of its severity and ceaseless deep-rooted psychological background.

Case Report

An 11 year old female patient reported to the Out Patient Department of Pediatric and Preventive Dentistry, GNIDSR, Kolkata India with the chief complaint of pain, swelling and discomfort for the last 10 days to the right side of the lower lip. Her medical history was non-contributory. Patient's mother revealed a history of recurrent trauma on the right half of lower lip and frequent lip biting by the child on the wound by adjacent teeth resulting into a deep unhealed wound (Fig.1). The patient was on antibiotics for the same prescribed by another dental surgeon for the past 4 days. Intraoral examination revealed an ulcerated affected area about 2cm in length in the right side of lower lip, slight swelling also observed (Fig. 2). Oral hygiene was fair. No such carious lesion was found in oral cavity except some pits and fissures. Thorough medical history revealed that patient was having history of traumatizing her lip mucosa with her teeth frequently when she feels unhappy (Fig. 3). Her mother also expressed that the child did not have any pear group in the society as well as in school and she was little bit anxious in little matters also. Then patient was referred to a psychiatrist for psychiatric counseling. He confirmed that the patient was having a fear psychosis. Thus the diagnosis of masochistic habit was confirmed. Then a topical antibiotic with anesthetic gel was advised. But unfortunately patient refused the treatment. Then we again planned for a new treatment modality to treat her. We fabricate an ethylene vinyl acetate (EVA) (Westerman *et al*., 2002) (Fig. 4 & 5) based mouth protector for upper & lower arch for this patient to prevent soft tissue trauma by constant lip biting habit. It produced a

****Corresponding author: Dr. Sudipta Kar***
Department of Pedodontics & Preventive Dentistry, Guru Nanak Institute of Dental Sciences & Research, Kolkata, West Bengal, India

miraculous result. The affected ulcerated area on the lip found healed satisfactorily after three weeks (Fig. 6). During that period patient was advised to wear the appliance constantly even during eating and even in night during sleep. Patient was recalled every week for re-evaluation for three weeks for checkup.

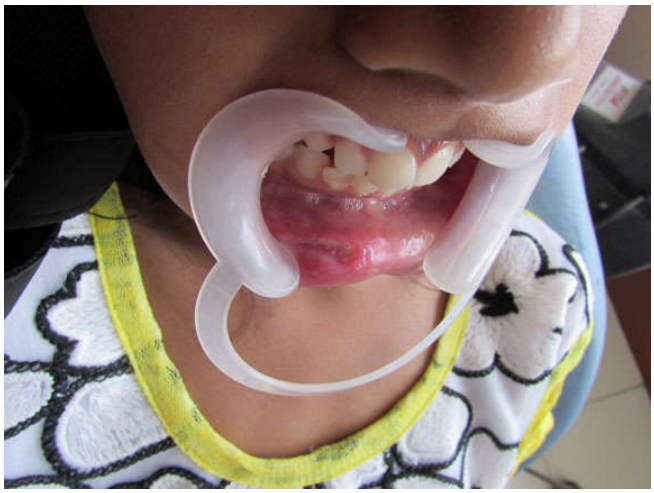

Fig. 1. Unhealed oral ulceration

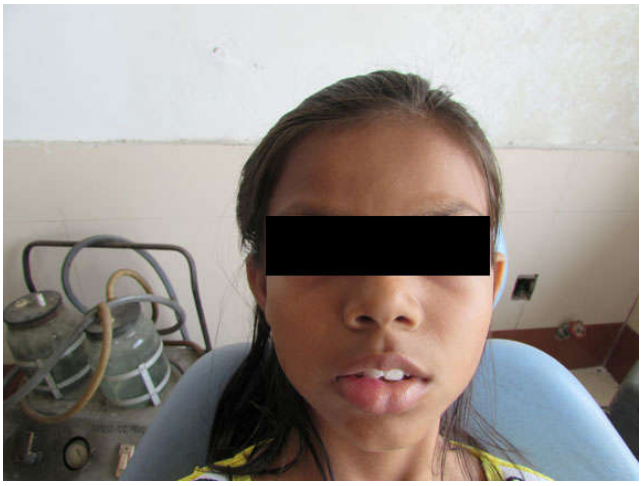

Fig. 2. Swelling found in lower lip

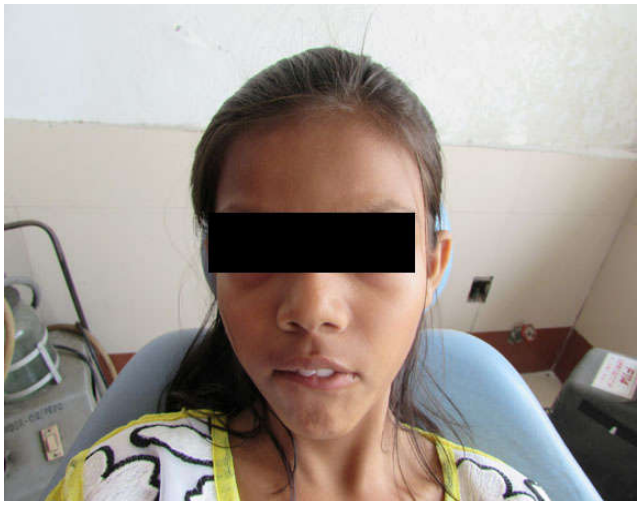

Fig. 3. Patient traumatizing her lip mucosa

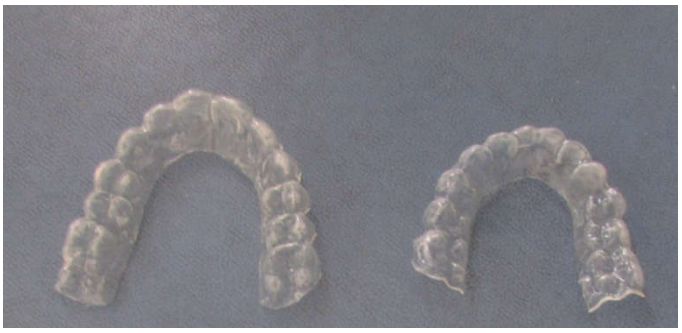

Fig. 4. Fabricated mouth protector

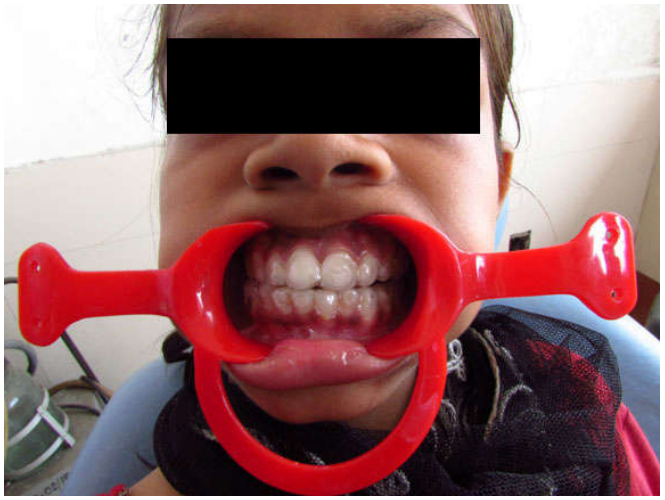

Fig. 5. Intra oral placement of mouth protector

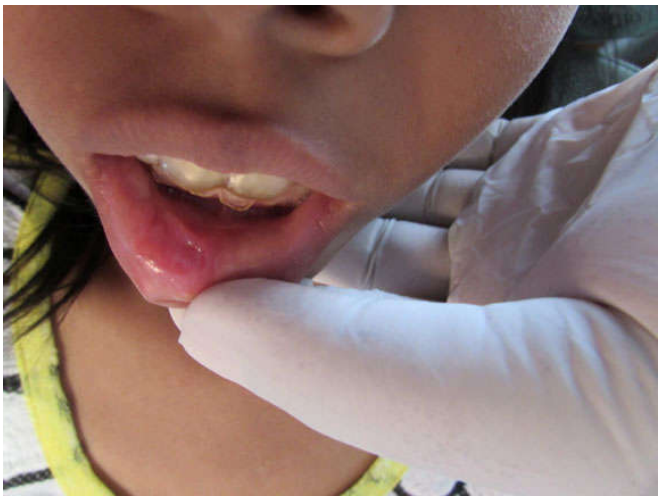

Fig. 6. Healed oral ulceration

DISCUSSION

Masochistic habit is usually seen in psychologically disturbed children (Spencer *et al*., 1999; Chen *et al*., 1996) Management of masochistic habit is a challenge for the dental surgeon for its diagnostic ambiguity. One should take help of a psychiatrist for detection of underlying cause. On the other hand mouth protector, has been considered as an effective appliance for minimizing oral injuries sustained in sporting activities (Goran *et al*., 1986; Johnsen *et al*., 1991; Kerr *et al*., 1986 and Labella, 2002). Mouth protector typically are composed of a

thermoplastic copolymer usually made up of EVA (Westerman *et al*., 2002) and designed to fit over occlusal surfaces of the maxillary teeth and gingiva. Ideal properties of mouth protector should be

- Properly fitted to the patient's mouth and correctly adapted to underlying perioral structures.
- Should give proper protection.
- Should be comfortable and secure.
- Should be nontoxic and bio-compatible.
- Easy to wear and easy to clean.

In our case we have planned to give this kind of mouth protector to prevent recurrent lip injury for our patient. The plan was success full because of the inherent soft property of the material itself which ultimately protects the lip from injury by creating a cushioning effect on the cuspal edges of the adjacent teeth. A dental surgeon can only treat the manifestation of the underlying disease process of the patient. But he should consult with psychiatrist for further management of the patient's mental illness. Here lies the key of success for the treatment of this kind of patient. Regular follow up is also essential.

Conclusion

This is our new alternate method of thinking procedure which can save our beloved unfortunate patients from painful self injurious habit.

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