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Case Report

Dentistry Section

Dental Treatment Abuse

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ABSTRACT

These case reports highlight dental treatment abuse performed by a quack on children. The anterior teeth of these children were metal capped using cement, which were otherwise healthy. The treatment was done on children without parental consent by a quack from Denmark who gave the reason as for resolving proclination of upper permanent incisors. The unanatomic, unaesthetic metal caps were removed after the child reported to the Department of Pedodontics and Preventive Dentistry.

Keywords: Child abuse, Dental abuse, Treatment abuse

CASE REPORT 1

An 11-year-old male child reported to the Department of Pedodontics and Preventive Dentistry with the complaint of unaesthetic metal caps on his front teeth. On examination, teeth 11, 21, 31, 32, 41, 42 were found to be completely capped with metallic material [Table/Fig-1,2]. The caps were excessively long, unaesthetic and unanatomic. A thorough history was taken and the child and parents were asked whether the teeth prior to capping were carious, traumatised or deformed. The child and the parents gave negative replies to all those questions and mentioned that these were done without their consent by a dentist from Denmark. The parents and the child wanted the crowns removed since the child had undergone a great deal of psychological stress having worn them for almost a year. The crowns were removed using metal cutting burs on an air-rotor hand piece by cutting them labio-lingually (longitudinally) followed by flexural removal. The cement that was left behind after crown removal was dark yellow in colour and did not resemble any of the conventionally available luting cements [Table/Fig-3]. The cement was removed using an ultrasonic scaler until the teeth were completely exposed [Table/Fig-4].

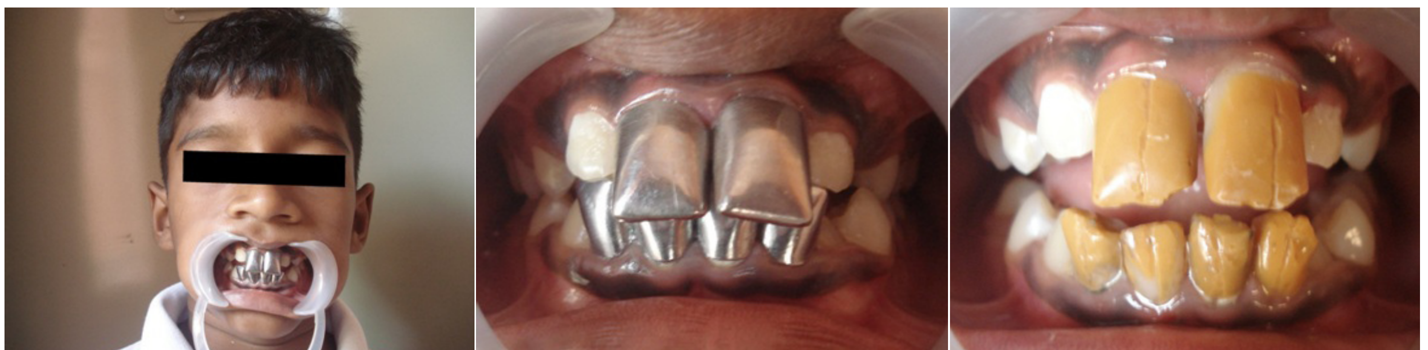
CASE REPORT 2

An 11-year-old male child reported with a similar complaint (as in case 1), with caps on teeth 11, 12, 22, 31, 32, 41, 42 [Table/Fig-5]. Tooth 21 had suffered from crown en mass fracture and was not capped. In addition to the caps, 26 was cemented with a molar band (with molar tube and 'j' hook attachment; [Table/Fig-6]). The reason why the parents and the child wanted removal of the caps was similar to that in case 1. Removal of the caps was done in the same manner as in case 1.

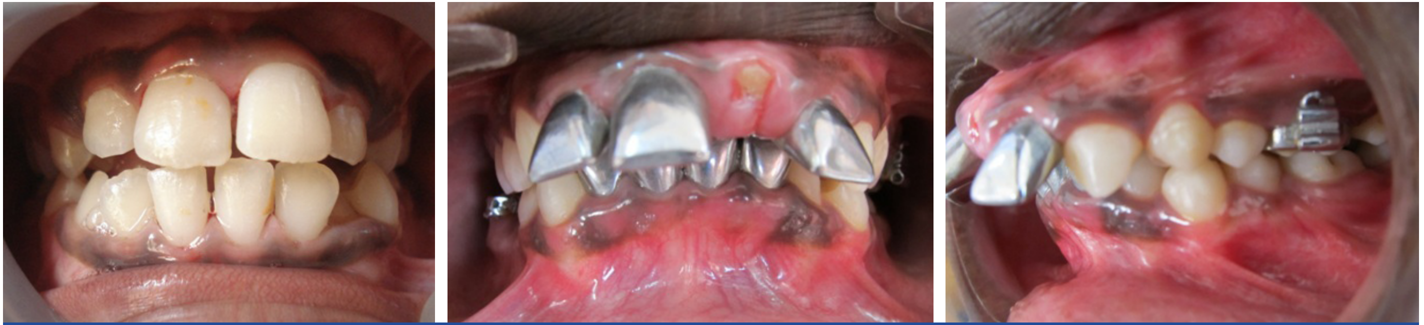
DISCUSSION

Child abuse and neglect is defined by World Health Organization (WHO) as "Every kind of physical, sexual, emotional abuse, neglect or negligent treatment, commercial or other exploitation resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power" [1]. The growing complexities of life and the dramatic changes brought about by socioeconomic transitions in India have played a major role in increasing the vulnerability of children to various and newer forms of abuse [2]. In certain cases, the abuse may be dental treatment related performed by a quack. Injuries relating to the mouth, face and head constitute about 50 % to 70 % of all injuries in child abuse [3-8]. Some believe that the oral cavity may be central focus for physical abuse because of its significance in communication and nutrition [9].

These case reports shed light on an unusual form of dental treatment abuse composed of metal capping healthy anterior teeth in children with an unknown treatment objective. The person whom the children and their parents blamed to have performed the bizarre treatment was a foreigner who claimed to be a dentist from Denmark. The local child protection agency (Child line) was alerted who in turn alerted the police. But on investigation it was found that the dentist was no more living on rent at the place where he had performed the task on the children. The neighbors said that the dentist had left for Denmark a month ago and had not mentioned of his possible return. The identity of the dentist is unknown to the children's parents and to the neighbours. However, considering the fact that the bands with the attachments appeared to have been placed skillfully, it may imply that the dentist would have been a trained dental professional resorting to his own method



[Table/Fig-1]: Anterior view of the metal caps **[Table/Fig-2]:** Anterior view of the metal caps **[Table/Fig-3]:** Underlying cement after removal of the metal caps



[Table/Fig-4]: Anterior view after removal of caps and underlying cement **[Table/Fig-5]:** Anterior view of the metal caps **[Table/Fig-6]:** Left lateral view showing band with attachments on 26

of treatment, unknown to literature. Moreover, we do not know if he wanted to place any active components to the existing fittings. Also, since both children had maxillary anterior proclination and were of the same age, it may be assumed that the dentist resorted to these methods with a benevolent perspective, rather than a sadistic or abusive perspective. He had not charged any of the children for the treatment and had mentioned to them that it was being done to bring the upper front teeth to their normal position. Moreover, no harm or reduction was caused to any of the teeth prior to capping. Since the dentist is untraceable, we do not know what he had planned for these children. But, this case may certainly be classified as 'child abuse' as it was psychologically traumatic to these children having to face every day people with metallic anterior teeth for the sake of treatment with an unknown perspective.

In a study done in Trinidad, 67 % of adult patients attending government health centers were also visiting a dental quack. The most common reason for visiting a quack was toothache (74%) and extraction was the most common treatment received (61%). 43% of respondents were dissatisfied with the treatment received and 83% felt that treatment provided by a qualified dentist was different. The main reasons for visiting a quack were cost (53%) and non-availability of dental clinics (20%). People who had visited a quack were less likely to rate their oral health as 'Very good' or 'Excellent' [10]. A dental quack in Africa resorted to intentional anterior diastema creation by tooth reduction to satisfy the aesthetic demands of a patient. This had resulted in progressive pulpal necrosis of the maxillary and mandibular central incisors [11]. A quack in modern China fumigated a carious tooth with smoke from burning henbane or leek seeds and supposedly drove the worms out of a student's tooth [12].

CONCLUSION

Dental quackery is prevalent in India on a large scale and many people especially from lower sections of the society resort to these treatment methods for their dental problems. Although, this type of practice is illegal, little is being done to check the same. However, as dental professionals we must guide these patients towards effective dental treatment through media and awareness programmes.

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