

### **Summary**

Practise the following summary!

Your girlfriend wants to obtain a body piercing. Write her a letter in which you summarise the following article in order to make her aware of the possible risks involved. Your summary (the body of your letter) should be no more than 100 words. Don't worry about letter format; simply begin your letter 'Dear [name]...'

Adapted from source: <http://www.aafp.org/afp/2005/1115/p2029.html>

The trend of body piercing at sites other than the earlobe has grown in popularity in the past decade. The tongue, lips, nose, eyebrows, nipples, navel, and genitals may be pierced. Complications of body piercing include local and systemic infections, poor cosmesis, and foreign body rejection. Swelling and tooth fracture are common problems after tongue piercing. Minor infections, allergic contact dermatitis, keloid formation, and traumatic tearing may occur after piercing of the earlobe. "High" ear piercing through the ear cartilage is associated with more serious infections and disfigurement. Fluoroquinolone antibiotics are advised for treatment of auricular perichondritis because of their antipseudomonal activity. Many complications from piercing are body-site-specific or related to the piercing technique used. Navel, nipple, and genital piercings often have prolonged healing times. Family physicians should be prepared to address complications of body piercing and provide accurate information to patients.

Piercing of various body parts with jewelry is no longer limited to teenagers, as evidenced by the growing number of adults with multiple ear piercings. Family physicians should be familiar with body piercing practices and associated health risks. No reliable estimates are available for the number of persons who have experienced complications related to body piercing. Persons with increased vulnerability to infection (e.g., patients with diabetes, patients taking corticosteroids) and those who have an increased likelihood of hemorrhage (e.g., persons taking anticoagulant medication) may be at greater risk of complications from body piercing.

The lips, cheeks, and midline of the tongue are popular sites for oral piercings. Perforation of lingual blood vessels can cause bleeding and hematoma formation. Edema frequently develops after tongue piercing, so a longer barbell is recommended initially.

Another serious consequence of oral piercing is compromise of the airway from trauma, tongue swelling, or obstruction by jewelry. Securing an adequate airway or endotracheal intubation can be challenging when a patient has a tongue barbell. If lingual jewelry cannot be removed easily or expeditiously, precautions should be taken during intubation to ensure that jewelry is not loosened and aspirated or swallowed. Removal of oral and nasal jewelry also is recommended before nonemergent surgical procedures.

Chipping (or fracture) of teeth is the most common dental problem related to tongue barbells. Switching to a shorter barbell reduces damage to the dentition and gingiva. Beaded jewelry may become trapped between teeth.

