

MORSICATIO BUCCARUM AND LABIORUM WITH DEPRESSION

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ABSTRACT:

Morsicatio buccarum (also termed chronic cheek biting and chronic cheek chewing) and morsicatio labiorum (also called lip biting) are conditions commonly seen in dental practice. They have multifactorial aetiology. The lesions are white with thickening and shredding of mucosa is commonly combined with intervening zones of erythema or ulceration. The treatment involves identification of precipitating factors, reassurance, counselling, use of relaxation techniques, anxiolytics and different types of prosthetic shields. A boy who had chronic lip and cheek biting associated with depression is reported. After treatment of depression, these habits also disappeared. Paediatric dentists should be aware about the symptoms of depression and its associated habit disorders. Successful treatment of depression leads to complete remission without any dental surgical intervention.

Key Words: Depression, Cheek biting, Lip biting, Causation, Treatment



INTRODUCTION

Morsicatio buccarum (also termed chronic cheek biting and chronic cheek chewing) is a condition characterized by chronic irritation or injury to the buccal mucosa, caused by repetitive chewing, biting or nibbling.^[1] Chronic biting of oral mucosa is a type of self-inflicted injury and the lesions are located on the lining of the inside of the cheek within the mouth. Sometimes the tongue or the labial mucosa is affected by a similarly produced lesion, termed morsicatio linguarum and morsicatio labiorum respectively.^[2] The lesions are white with thickening and shredding of mucosa is commonly combined with intervening zones of erythema or ulceration.^[3] This phenomenon is seen in one in every 800 adults showing evidence of active lesions

at any one time. Biting of oral mucosa is seen in 750 per million persons.^[4] In a large study in Mexican dental school clinic of 23,785 patients, cheek-biting lesions were found to be fifth most common oral mucosal finding with a prevalence of 21.7 cases per 1,000 patients.^[5] In the Third National Health and Nutrition Examination Survey (NHANES III) of 10,030 children aged 2-17 years, the point prevalence for cheek and lip biting was found to be 1.89%.^[6] It is more commonly reported among females. Psychogenic and developmental factors are more frequent in children.^[7]

We report a boy who had chronic lip and cheek biting associated with depression. After treatment of depression, these habits also disappeared.

CASE DETAIL

A 10-year-old boy was referred to the Department of Psychiatry from Dental Outpatient Department with a 2-months history of multiple ulcerations over lower lip. He also had history of biting the cheeks and nails. The boy had a history of declining school performance in grade seven for last six months. The detailed evaluation showed the boy had sad mood, decreased appetite, loss of weight, difficulty in falling asleep, hopelessness, missing school frequently and decreased social interaction for last six months. There were no identifiable precipitants in family or school. There was no past history of chronic medical or psychiatric disorder. His mother 35-year-old housewife had a history of Depression 3 years back and was currently asymptomatic without any treatment. Routine and specific laboratory investigations were normal. Clinically, the patient appeared to be healthy. Intraoral examination revealed white lesions over lower lip with surrounding erythema (Figure). The rest of the examination was normal except broken nails due to persistent nail biting.

He was diagnosed as a case of Major Depressive Disorder. The child was started on antidepressant, tablet escitalopram (a Selective Serotonin Reuptake Inhibitor) 10 mg daily with antiseptic mouth wash. The boy along with his parents were also counseled. On following him up after 2 weeks, there was mild improvement in mood, sleep and appetite. The dose of escitalopram was increased to 15 mg daily. After 4 weeks, there was marked

improvement in depression and in the habits of biting lip, cheek and nails. The involvement in studies also improved.

DISCUSSION

The causes of lip and cheek biting are psychogenic (chronic stress, attention seeking behavior especially in children, learning disabilities anxiety disorder, depression, response to oral stimuli or rarely in Lesch-Nyhan syndrome and familial dysautonomia).^[7-9] In the present case, the depression was the cause. It can also result due to chronic parafunctional activity of the masticatory system, which produces frictional, crushing and incisive damage to the oral mucosa. Sometimes poorly constructed prosthetic teeth may produce similar lesions but in the present case, none of the above causes were identified. The diagnosis is usually made clinically by marked hyperparakeratosis, which needs differentiation from hairy leukoplakia, linea alba and leukoedema.^[3] In the present case there were multiple ulceration over lips and cheek. The treatment involves identification of precipitating factors, reassurance, counselling, use of relaxation techniques, anxiolytics and different types of prosthetic shields. In the present case, there was a family history of depression in mother and on successful treatment with antidepressant, the associated habits of biting lips, cheeks and nails disappeared. Counseling, biofeedback, relaxation techniques, and hypnosis or psychiatric treatment have been suggested along with the dental management of the effects of habit^[9]. Individualized approach is needed for each child in the diagnosis and

management of psychological causes of biting habits.

CONCLUSION

Paediatric dentists should be aware about the symptoms of depression and its

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FIGURE:

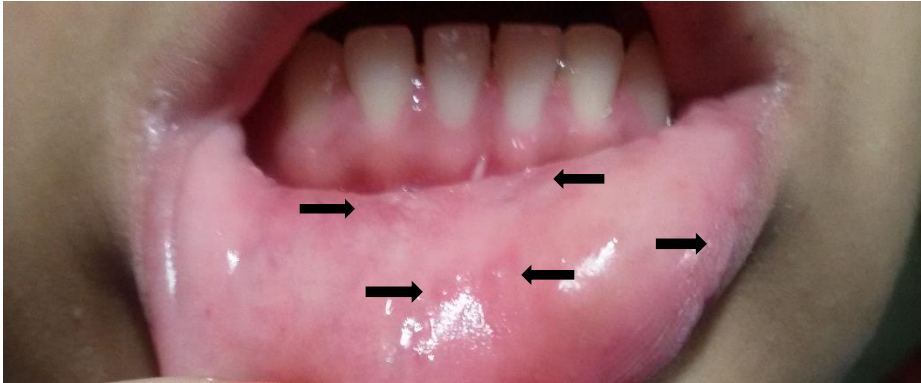


Figure: Photograph showing multiple lesions in lower lip