was seen in the apical 1/3 of the canal of the left central incisor, projecting about 5 millimeters into the periapical region (Fig 1).

When the patient was questioned regarding the foreign object inside the canal, he confessed to inserting a stapler pin into the canal. According to him, he failed to maintain his routine appointments after the initiation of the treatment. During this time the temporary restoration failed and resulted in food impaction leading to pain and discomfort. The patient had seen his doctor insert "some pins" into his teeth during the treatment. He thought of doing the same to remove the food and to obtain relief from pain, by using a stapler pin. But the pin slipped from his fingers and got inserted into the canal.

Treatment was planned to retrieve the pin through periapical surgery followed by completion of the root canal therapy for the left central incisor and apexification followed by root canal therapy for the right central incisor.

The patient, who was a daily wage worker, refused the planned treatment, as he was expected to visit the dental clinic several times. Despite our best efforts, the patient did not agree to undergo any treatment except for the extraction of the left central incisor. The tooth was extracted along with the pin projecting 5 millimeters beyond the apex (Fig 2). The extraction socket contained excessive amount of granulation tissue, which was removed. Postoperative healing was uneventful and complete.

DISCUSSION

Foreign bodies discovered from the root canal may vary from radiolucent objects like wooden tooth picks or tooth brush bristles to radiopaque materials like paper pins, needles, pencil, leads etc. In cases where radiolucent material is in the root canal, it is very difficult to find the reason for pain and purulent discharge and is dependent on the patient's history. If the involved tooth is advised for extraction, then the treatment remains unchanged but if the pulp therapy is planned, an undetected foreign body could affect the treatment.

Open dressings are very useful in certain cases to allow drainage. Leaving root canals open for longer periods of time exposes them not only to oral flora and food impaction, but also increases the risk that the child may insert foreign objects into the canal.

In many instances dentists advised their patients to use probes to keep the root canal opening patent during prolonging periods of drainage. Accordingly patients have been found to use - tooth picks, needles, straight pins etc.

In the present case, the patient used a stapler pin. As the patient did not give any history of pushing the pin into the canal with a tooth pick or any such material, it was difficult to assess how the pin traveled the whole length of the root canal to reach the apical foramen. The constant food impaction might have been the reason.

Harris reported two such cases where the children inserted foreign bodies like needles into the root canal. In one of the cases the patient also gave the history that the dentist had told him to use a needle to pick out any food particle that might become lodged in the root canal.

Lamster et al discussed two cases, regarding various foreign objects in the root canal. One case was similar to the present case. Following trauma, patient had attempted to relieve discomfort associated with the fractured incisor by placing long narrow objects such as pins into the tooth. The pin broke in the pulp canal near the apex and was extending 1 millimeter past the apex.

Goldstein and colleagues discussed the development of an Actinomycosis infection at the apex of a tooth with a radiopaque foreign body in the root canal. It was their contention that the foreign object aided in the establishment of anaerobic conditions necessary for the development of the infection.

Turner reported a case where the patient aged 19 years, attempted to remove the food that was impacted from a fractured lower left lower central incisor with the dress maker's pin. But the pin fractured and remained in the canal resulting in acute pain and swelling in the labial sulcus associated with the left central incisor.

Hulsman has tried to describe techniques for removing broken instruments and foreign objects from the root canal and could be adapted for easy retrieval of these objects.

In the present case the main purpose of the patient visiting dental clinic was to be relieved from pain. Many patients seek dental care only when they have pain. Patient refused to undergo any sort of treatment for the right central incisor, inspite of experiencing severe pain and trouble for his left central incisor. As with left central incisor, pain will probably be the motivating factor that may lead him to seek dental care.

REFERENCES