



Sexual Abuse: Dental Perspective

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Dear Editor-in-Chief

Majority of dentists working in public and private health sector lack the adequate knowledge about recognition and reporting issues of suspected cases of child abuse presented clinically as sexual abuse. As mandated reporters, dental surgeons play a key role in recognizing child abuse (1). Sexual abuse cases may be presented as either erythematous, ulcerative, vesiculopustular, pseudo membranous or condylomatous lesions on lips, tongue, palate, face or pharynx (2).

Sexual abuse cases in children may be due to fellatio (a sexual act in which the penis is placed into the mouth of another person) and irrumation (the active penetration or forceful thrusting of penis into the mouth with negative pressure) (3). In suspected fellatio associated sexual abuse cases, the dental surgeon should clinically inspect the palate preferably soft palate, junction of soft and hard palate for erythema, petechiae, purpura and ecchymosis (4).

Ulcerations of the sublingual area should be noted due to sexual abuse due to cunnilingus (Oral stimulation of vagina or vulva and clitoris, by lips and tongue) (5). In suspected cunnilingus associated sexual abuse cases, the dental surgeon should clinically inspect the lingual frenum for horizontal ulcerations and fibrous hyperplasia (6).

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