



Correspondence

Tooth jewelry in rural Cambodia: An unexpected finding during dental volunteer service



With great interest, I read the recent article by Cheng et al. regarding the role of dentists in tooth gem installation in Taiwan.¹ Their discussion of professional oversight in tooth jewelry application prompted me to share an unexpected encounter during dental volunteer service in rural Cambodia that illustrates the global spread of this dental fashion trend.

During a dental volunteer mission in rural Cambodia in 2017, I encountered a surprising case demonstrating the international reach of tooth jewelry in regions with limited professional dental care. A 14-year-old female high school student presented for a routine dental check-up, accompanied by her friend, who also had tooth jewelry. I observed decorative crystals bonded to two upper anterior teeth in each patient. They reported that the gems had been applied six months prior for esthetic purposes and were fashionable among their peer group. This finding was unexpected given the rural setting and limited dental resources (see Fig. 1).

Tooth jewelry involves attaching decorative materials to tooth surfaces using dental adhesive.² This practice has historical roots in ancient civilizations, including the Etruscans (7th century BC) and Maya civilization (3rd-9th centuries AD).¹ The modern resurgence began in the 1990s, becoming popular among younger generations and influencing hip-hop culture.¹

Tooth jewelry in rural Cambodia raises important considerations for dental professionals in international volunteer work. It demonstrates that global fashion trends transcend geographic and economic boundaries. Multiple adolescents adopting this trend emphasize its popularity even in resource-limited settings. It also highlights concerns about application methods and materials without adequate professional supervision.

The literature documents various complications, including tooth fractures, enamel damage, gingival recession, plaque accumulation, and dental caries.^{2,3} Studies

report tooth fractures in 14–41 % of cases and gingival recessions in 19–68 % of individuals with oral jewelry.³ One case involved an 8-year-old child who self-applied a rhinestone, causing tooth fracture and loss.⁴

As Cheng et al. noted, Taiwan's Ministry of Health and Welfare confirms tooth gem installation involves corrosive substances and resin materials that can damage dental tissue, constituting a medical practice requiring qualified dentists.¹ This underscores the importance of professional oversight globally.

For dental volunteers in resource-limited settings, tooth jewelry encounters present opportunities for patient education on oral hygiene, complications, and the importance of professional application.^{2,5} Dental professionals should address cosmetic dental practices during international service, balancing cultural sensitivity with evidence-based health education.

This observation emphasizes the need to raise global awareness among dentists about dental fashion trends and their health implications, particularly in populations with limited access to professional dental care.

Declaration of competing interest

The author has no conflicts of interest relevant to this article.

Acknowledgments

The author thanks the patient for consenting to clinical photography and the local community health workers for their assistance during the dental volunteer mission. Special thanks are extended to Dr. Yi-Hsien Juan, recipient of the 21st Taiwan Medical Dedication Award, who has organized dental volunteer teams for dental students and dentists at Chung Shan Medical University since 2013. His



Figure 1 Clinical photograph showing tooth jewelry (decorative crystals) bonded to the upper anterior teeth of a 14-year-old patient examined during dental volunteer service in rural Cambodia. The gems had been in place for approximately 6 months during the examination.

outstanding contributions have improved oral health for the Cambodian people and played a vital role in cultivating the next generation of dental professionals.

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Received 11 October 2025

Available online 30 October 2025