

# Adult Finger Sucking

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## ABSTRACT

'Habits die hard' is a common phrase. Many oral habits, continue to adulthood when not intercepted at appropriate age. These patients suffer from severe psychological trauma which affecting their normal development mentally and socially. This case report highlights a case where psychological counseling is combined with orthodontic mechanotherapy which helped to achieve favorable results in an adult patient with finger sucking habit, developing him into a new person.

**Keywords:** Oral habits, Adult finger sucking, Psychiatric counseling, Finger tongue crib.

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## INTRODUCTION

Finger sucking persisting in adulthood is a devastating habit jeopardizing the entire esthetic and functional balance of the oral cavity. Adults who perceive this habit are usually introvert in nature, having severe psychological influence, affected by familial and social surroundings. Treating such patients needs a comprehensive treatment plan comprising of psychological counseling, change in familial surroundings, and a patient acceptable orthodontic prescription.

## CASE REPORT

A 24-year-old unemployed male patient was referred to our department (Fig. 1). He was accompanied by his mother who

narrated the difficulty as she was convincing her son to get treatment for the habit. A thorough history and clinical evaluation was done.

### Familial History

It revealed that he was 4th child for his parents who were socioeconomically weak. His relationship with his peers was not good and was subjected to abuses and curses from his childhood.<sup>13-15</sup> His IQ was average and did not do well in his studies.<sup>3</sup> He was shy in nature, totally introvert and was only using his mother for communication.<sup>4</sup> Psychological evaluation revealed his positive attitude but did not have hope of discontinuing his habit.<sup>5</sup> He was embarrassed about the scar in his finger and was hiding his finger (Figs 2 and 3).



Fig. 1: Extraoral photographs

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## Clinical Examination

Clinical examination revealed and severe open bite > 8 mm,<sup>6</sup> severe tongue thrust,<sup>9</sup> proclined upper/lower incisors,<sup>10</sup> posterior crossbite/narrow upper arch,<sup>11</sup> deep palate.<sup>8</sup> He had a mild lisping in his speech<sup>12</sup> (Fig. 4).

A brief treatment was formulated comprising initially of psychological counseling. He was referred to a psychologist who interacted with him with confidence. The patient was subjected to psychoanalysis and even his family members



Fig. 2: During sucking



Fig. 3: Scar in thumb



Fig. 4: Intraoral photographs



Fig. 5: Tongue crib appliance



Fig. 6: Fixed appliance

were counseled to motivate him. He responded positively and latter was given a fixed tongue crib (Fig. 5) which he had for six months supported by counseling sessions at weekly intervals.

He was started on preadjusted edgewise appliance (Fig. 6). During which he showed positive attitude. He was becoming socially interactive and was also willing to take up an employment. He was on active fixed appliance for 16 months at the end of the treatment he had transformed into a new personality (Figs 7 and 8).

**CONCLUSION**

Orthodontic patients, who perceive deleterious habits and esthetically compromised, are usually psychologically



Fig. 7: During appliance therapy



Fig. 8: End of treatment

imbalanced. Such a patient needs a good psychological counseling before active appliance therapy is started. Clinicians rapport and friendly approach with appropriate appliance therapy not only corrects the malocclusion but also incorporate a positive personality trait in the patients.

Humbleness, affection, care and concern for our patient act as a catalyst for the treatment success.

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