Short communication
Untreated dentofacial deformity: in defence of Luis Suárez

Shofiq Islam *, Keith Jones

The Department of Maxillofacial Surgery, Royal Derby Hospital, Uttoxeter New Rd, Derby DE22 3NE, United Kingdom

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During the recent FIFA World Cup in Brazil, one of the most controversial episodes concerned the conduct of Uruguayan forward Luis Suárez. In the second half of Uruguay’s group fixture with Italy on 24 June 2014, he was involved in a collision with Italian defender Giorgio Chiellini, and both ended up on the turf.

There was immediate world-wide condemnation of a perceived third biting offence by Suárez, and FIFA promptly scheduled a disciplinary hearing. In his defence Suárez denied the charges and stated: “I lost my balance... falling on top of my opponent... I hit my face against [Chiellini], leaving a small bruise on my cheek and a strong pain in my teeth”. The disciplinary panel, however, was not persuaded by this argument, and issued an unprecedented and severe sanction that included a total ban from all footballing activities for 4 months. The punitive nature of the ban was influenced by the player’s apparent lack of insight and remorse.

The authors wish to highlight Suárez’s evident dentofacial deformity, which could partly explain his version of events and Chiellini’s tooth-related bruising to his left shoulder. Suárez has an untreated severe skeletal class II division I malocclusion with associated vertical maxillary excess. The mass media reported that Suárez’s defence was dismissed out of hand as ridiculous, and this could be because his malocclusion is not recognised. However, it has been well documented that people with a severe class II malocclusion have a considerably higher incidence of dental trauma as a result of tripping or falling, and in this instance, the collision involved a face-to-shoulder mechanism, which could potentially be consistent with the contact being inadvertent as Suárez claimed. A recent Cochrane systematic review highlighted the fact that early treatment during adolescence effectively reduces the overall incidence of dental trauma in this group. In the case of Suárez, we think that combined orthodontic and maxillofacial orthognathic surgical treatment would fully correct his dentofacial deformity and in turn would minimise the chance of further injuries being related to his prominent upper front teeth in the context of a professional player of a contact sport. Had he been born in England, as well as benefiting our national football team, he would undoubtedly have met the NHS criteria for combined orthodontic and maxillofacial surgical treatment.

Many sportsmen with untreated dentofacial deformities have a predisposition to orofacial injury and to injuring other players as a result of inadvertent frontal facial collisions.

The Suárez episode potentially highlights a lack of awareness of this type of injury amongst football governing bodies. Protective devices such as mouthguards could be a solution to the problem as they provide frontal protection of the anterior maxillary teeth. They can reduce the incidence of dentoalveolar injuries and inadvertent injury to opponents, and are universally worn in rugby union and rugby league. At present this is not the case in professional football, and their use warrants further discussion and scientific investigation.

Conflict of interest

We have no conflicts of interest

References