

MANAGEMENT OF NATAL TEETH: CASE REPORT

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Abstract

The occurrence of natal and/or neonatal teeth is a rare anomaly, which for centuries has been associated with diverse superstitions among many different ethnic groups. The incidence of natal and/or neonatal teeth is far more frequent than previously supposed. Natal teeth are more frequent than neonatal teeth, the ratio being approximately 3 to 1. Most frequently (85% of the cases), the natal or neonatal teeth are the deciduous mandibular incisors. In almost 90% of the cases, the teeth are of the normal deciduous complement. The rest are supernumerary. In about 60% of the cases, *both* of the natal and/or neonatal mandibular incisors erupt prematurely. A newborn, a 22 days and 15 days old females, with one and two mandibular incisor natal teeth were examined respectively. The teeth were mobile and were extracted because of the fear of aspiration and refusal to feed. The purpose of this report is to review the literature related to natal teeth epidemiology and discuss their possible etiology and treatment.

Keyword: Natal Teeth, Supernumerary, Deciduous, Mandibular Incisor

Introduction

One of the current guiding principles of dentistry is to provide early full infant care during the first year of life as a way of maintaining oral health. For this, it is necessary to know the dental needs occurring at this age in order to opt for more preventive conduct. Child development from conception through the first years of life is marked by many changes. Tooth eruption at about 6 months of age is a milestone both in terms of functional and psychological changes in the child's life and in emotional terms for the parents. The expectations about the eruption of the first teeth are great and are greater when the teeth appear early in the oral cavity. On this basis, when teeth are observed at birth or during the first 30 days of life, being denoted natal and neonatal teeth, respectively, the interest, curiosity, and concern of clinicians are similar to that of the parents.¹

Today, these teeth also stimulate the interest of both parents and health professionals because of their clinical characteristics, among them their great mobility, which raises concern about the possibility of their being swallowed or aspirated by the infant during nursing.

Case report

A 15-days and 22-days old female infant were referred to the Teerthanker Mahaveer Dental College and Research Center with complaint of two teeth and one teeth respectively, in the lower jaw since birth, continuous crying, and refusal to suck milk.

Oral examination revealed two crowns of the teeth (Figure 1) and one crown (Figure 2) in the mandibular anterior region, whitish opaque and yellow in color, exhibiting grade III mobility. The crown size was normal; the gingiva was of normal appearance. A diagnosis of natal tooth was made.

Since immediate extraction was the treatment of choice, the teeth were extracted under topical local anesthesia, which the patient tolerated well (Figure 3 and 4). The patient was reevaluated after 2 days, and the recovery was found to be uneventful. The extracted teeth had a crown but were devoid of roots.

Discussion

Reports about significant differences between males and females are conflicting, with females, in general, being more affected. Natal teeth are more frequent, approximately three times more common than neonatal teeth, with the most common localization

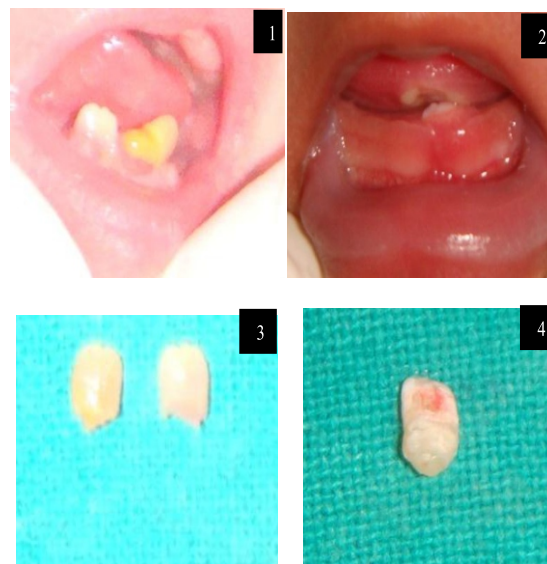


Figure 1: Natal teeth in mandibular anterior tooth region

Figure 2: Natal teeth in mandibular anterior tooth region and ulcer was present on the ventral surface of the tongue

Figure 3 & 4: Showing extracted natal teeth

being the mandibular region of central incisors (85%), followed by maxillary incisors (11%), mandibular cuspids or molars (3%), and then maxillary cuspids or molars (1%). Natal or neonatal cuspids are extremely rare.²

As has been noted, the natal and neonatal teeth are more frequently seen in the mandibular incisor regions and are more frequently bilateral.

Most commonly, these teeth are precociously erupted from the normal complement of primary teeth (90%-99%). Only 1% to 10% of natal and neonatal teeth are supernumerary.^{3,4}

Etiology of natal and neonatal teeth is debatable. The various hypothetical factors reported by investigators include the following: hereditary transmission of a dominant autosomal gene appears to be an important factor,⁵ endocrine disturbances, inflectional, nutritional deficiency, superficial position of the tooth germ, environmental factors.

Infants are generally brought to the dental clinic due to one of the following reasons:

- a. Potential risk of the infant inhaling the tooth into his/her airway and lungs if the tooth becomes dislodged during nursing, due to its great mobility.
- b. Ulceration to ventral surface of tongue. Coldarlin first described this condition in 1857. Riga and Fede histologically described the lesion, which was then started to be called Riga-Fede disease.^{6,7}
- c. Difficulty in feeding or refusal to feed due to pain.
- d. Ulceration to the nipple of the mother and interference with breast feeding. Hals, Zhu, and King; and Walter *et al.* reported that there is no relationship between injury to mother's nipple and the presence of the natal teeth since the tongue is interposed between these teeth and the nipple during breastfeeding.⁶
- e. Myth of bad omen or devil's incarnation.
- f. To know whether the tooth is part of the normal dentition or is supernumerary.

The usual radiographic feature of the tooth consists of a hollow calcified cap of enamel and dentin without pulp tissue, rather like a celluloid crown in shape. The histological aspect shows a thin enamel layer, with varying degrees of mineralization, and/or hypoplastic to total absence of enamel in some regions. Friend *et al.* demonstrated that the alteration in amelogenesis was detected due to premature exposure of the tooth to the oral cavity, which resulted in metaplastic alteration of the epithelium of the normally columnar enamel to a stratified squamous configuration.³

The pulp cavity and the radicular canals are wider, although the pulp shows normal development.⁸ Weil's zone and cell-rich zone are missing.⁹ Absence of root formation, lack of cementum formation, large pulpal chamber, an irregular dentin formation can be observed.

Removal of natal teeth is indicated when they are poorly developed, interfere with feeding, highly mobile, and associated with soft tissue growth. Prophylactic administration of vitamin K (0.5–1.0 mg, i.m.) is advocated because of the risk of hemorrhage as the commensal flora of the intestine might not have been established until the child is 10 days old, and since vitamin K is essential for the production of prothrombin in the liver.

The ulcerations caused by the natal teeth could be managed by rounding of the incisal edges of the teeth.⁸ Treatment of this ulcerative lesion (Riga Fede disease) has varied over the years. Early treatment consisted of excision of the lesion. Allwright advocated maintaining the neonatal tooth by smoothening of incisal edge with an abrasive instrument. In cases of mild-to-moderate irritation to the tongue, such treatment may suffice. If the ulcerated area is large and denuded, however, even the reduced incisal edge may still contact and traumatize the tongue during suckling to an extent enough to delay healing.¹⁰

We conclude that infants with prematurely erupted teeth must be carefully examined for further treatment planning, and parent counseling to bring about awareness is also equally important.

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How to Cite this article: Sefa I, Rishika, Khan A, Yeluri R. Management of Natal Neeth: A Case Report. *TMU J Dent* 2017;4:23-24.