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Natal Tooth : The Ouch In The Baby's Mouth

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Abstract

Natal teeth resemble a primary tooth in size, shape and are present at birth however they differ in shade due to hypoplasia of enamel and dentin and are seen with mere absence or poor development of root.

Difficulty in suckling, lip and tongue bites, laceration of mothers breast and aspiration of loose teeth are the major complications demanding its extraction. In asymptomatic cases extraction isn't warranted and incisal grinding and smoothing are advised. A pediatric dentist should be well aware of treatment and parental counselling required in such cases.

Introduction

Riga fede syndrome first identified by Riga in 1881 and described by Fede in 1890 is characterized by ulceration of tongue and lip caused by ulceration of tongue and lip caused by repetitive traumatic injuries due to backward and forward movement of tongue over the lower anterior incisors.[1] It is seen in 6 to 10% of cases of natal teeth.

A prevelance of natal tooth varies from 1:6000 to 1:800 cases with incidence of 2 to 3 natal teeth in an infant.[2]

Various misconceptions in different cultures was seen where Malaysian community believed it to be good fortune while as in Chinese, Polish, Indian and African

feared these children as monsters and bearers of misfortune.[3]

Case Report

A 2 and half month baby girl was referred to the Department of Pedodontics and Preventive Dentistry of Government Dental College Srinagar with chief complaint of bleeding from tongue and lips because of trauma from the neonatal teeth **(Figure 1).** The lesion seemed painless however there were feeding difficulties. The medical history didn't reveal any neurological disorders. The patient never applied any medication for the same.

Figure 1: Neonatal Tooth

Figure 2: Neonatal tooth with root post extraction

Figure 3: Extraction socket post extraction with hemostasis

Before exracting the natal tooth a paediatrician was consulted and checked whether Vitamin K (0.5-1.0 mg) was given intramuscularly prior to extraction to prevent any changes of potential hemmorhage. Oral examination revealed a crown grade I mobile white and opaque in color . The size of crown was normal and diagnosed as neonatal where eruption of only incisal portion is seen.

The tooth was extracted under local anesthesia after giving topical spray. The recovery was uneventful and crown was extracted with roots (**Figure 2 and 3).**

Case 2

A 2 month baby girl was referred to the Department of Pedodontics and Preventive Dentistry of Government Dental College Srinagar with chief complaint difficulty while suckling both to mother and the child**.** The patients mother feared aspiration of these teeth.The mother gave the history that tooth was present since birth.The medical history didn't reveal any neurological disorders. The family history suggested that babys brother also had one neonatal teeth. The delivery was normal vaginal delivery with normal perinatal history.

Figure 4: Natal teeth

Figure 5: Two Natal teeth

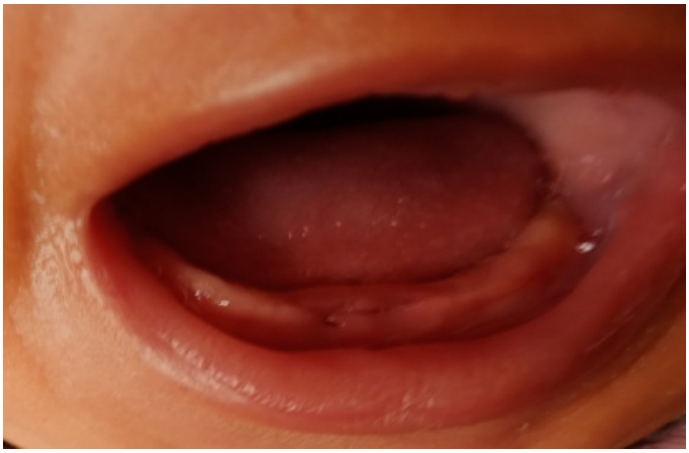

Figure 6: Extraction socket post extraction with hemostasis

A paediatrician was consulted to check whether Vitamin K (0.5-1.0 mg) was given intramuscularly prior to extraction to prevent any changes of potential hemmorhage of newborn. Oral examination revealed two crown grade I mobile white and opaque in color where only incisal edge was visible . The tooth was extracted under local anesthesia after application of topical spray and curettage was done carefully to remove cellular remnants. The recovery was uneventful and crown was extracted with roots (**Figure 5 and 6).** Post extraction hemostasis was achieved and post operative instructions were given.

Discussion

Natal teeth coined by Massler and Savara are also called as Precocious dentition by Mayhall and Bodenhoff. Congenital teeth, fetal tooth, Pre deciduous teeth and pre dentitia , Praecox and Dens connalitis are other names for it.[3,4] Neonatal teeth are the ones which emerge through gingival during first month of life with an incidence of 1:716 and 1:30,000.[5] They may be supernumerary teeth or normal deciduous teeth erupting prematurely.[6]

Riga Fede syndrome is a complication due to trauma caused by placement of tongue between the alveolar ridges having tooth in infants. Though natal teeth aren't related to medical condition but sometimes their association with cleft lip and palate ,Pfeiffer, Ellis-van Creveld syndrome, Rubinstein- Taybi steatocystoma multiplex, Pachyonychia congenital,cyclopia.ectodermal dysplasia,craniofacial dysostosis, Hallermann-Streiff syndrome, Pierre Robin syndrome and Sotos syndrome may be seen.[7,8]

It was seen 85% of natal teeth are mandibular incisors, 11% were maxillary incisors, 3% mandibular canines and 1% were seen to be maxillary canine or molars.[9]

The etiology may be superior eruption of developing tooth bud predisposing to early eruption , increased eruption rate due to pyretic incidents, hypovitaminosis, hormonal stimulation, trauma, endocrine disturbance from pituatory , poor maternal health, syphilis, environmental factors and genetics.[8]

Martins reported smoothing of incisal margin as the first option to be taken to manage natal tooth to prevent loss of primary tooth in place of natal tooth .[9]

The factors to be considered before extracting are degree of mobility, interference with breastfeeding, if tooth is supernumerary or primary and convenience durig suckling.[10]

In our cases we needed to extract teeth as it was causing difficulty to the mother and infant leading to bruise of the lip and tongue leading to complication referred as Riga Fede as in case 1 and ulceration of nipple in case 2 otherwise no intervention is recommended . Our natal and neonatal teeth were category 3 were incisal edge of crown had erupted through oral mucosa. Bigeard L et al reported parents of 28 day year old infant noted sudden disappearance of a natal tooth suspected to be because of aspiration .[11]

An infant should be atleast 10 days old before extraction so that Vitamin K is produced by intestinal flora for production of prothrombin in liver.[12] An absolute contraindication to extraction of neonatal teeth is an infant with hypoprothrombinemia.

Conclusion

Though natal and neonatal teeth are rare in occurrence so a proper evaluation and diagnosis helps in providing best treatment option. A pediatrician plays a pivotal role in detecting them. The etiolgy of natal and neonatal tooth still requires further investigations though many causes have been cited.

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