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Natal teeth in an infant and its management: A case report

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Abstract

The presence of teeth at birth or within a month after birth is a rare anomaly referred as natal or neonatal teeth. Natal teeth are most commonly observed in mandibular primary central incisor region and mostly occur in pairs. They are often conical, smaller and yellowish than primary teeth and have hypoplastic enamel and dentin with poor or absent root. Such anomalous teeth might lead to interference and discomfort while feeding, sublingual ulceration and risk of aspiration of teeth and hence would require extraction. The present case report describes the management of natal teeth in an eleven days old baby requiring extraction along with parental counseling.

Keywords: Natal, anomaly, hypoplastic, sublingual ulceration

Introduction

The normal eruption of primary teeth begins with mandibular incisor at around 6 months of age [1]. The eruption of teeth at birth known as “natal teeth” and within first 30 days after birth as “neonatal teeth” presents a rare anomalous condition. Premature eruption of primary teeth has been described as dentition praecox, fetal teeth or congenital teeth.

Natal teeth were first reported by Titus Livius and Plinius Secundus during Roman times. Massler and Savara introduced the terms natal teeth and neonatal teeth [2]. The incidence of natal teeth has been documented as ranging between 1:716 to 1:3500 in various studies [3]. Natal teeth occur more often than neonatal teeth in the ratio of 3:1 with predilection for females. Bodengoff demonstrated that 85% of natal teeth are mandibular incisors, 11% maxillary incisors, 3% mandibular canines and 1% are maxillary canines or molars. They are usually found in pairs [4].

The definite etiology is unknown. They have been associated with endocrine disturbances, hypovitaminosis, febrile states, trauma and syphilis. Hereditary factors or various syndromes like cleft lip and palate, Pierre Robin, craniofacial dyostosis, Rubinstein Taybi syndromes have also been associated with these teeth. Currently the presence of natal teeth is attributed to superficial positioning of developing tooth germ [5]. The incidence of these being supernumerary teeth ranges from 1- 10%.

Management of natal teeth depends on a variety of factors. In cases where the natal teeth is supernumerary or excessively mobile, extraction is the treatment of choice. When the natal teeth are slightly mobile, they usually stabilize after eruption. The most common complication associated with natal teeth is trauma to the tip or ventral surface of tongue known as Riga-Fede syndrome [6].

This case report discusses the management of natal tooth in newly born baby with extraction and parental counseling.

Case report

A 11 days old male baby accompanied by his parents reported to the Department of Pediatric & Preventive Dentistry with the chief complaint of loose teeth in the front region of lower jaw and difficulty during breastfeeding. The infant was underweight (1.7 kg) and the declining weight was probably due to inability to suckle. Medical history was noncontributory. On intraoral examination, a crown of a tooth in the mandibular incisor region was observed, which was opaque white in colour, small in size and exhibiting grade II mobility [Figure 1]. Intraoral soft tissues were clinically normal and on ulceration was observed on the ventral surface of

tongue. Tooth was diagnosed as natal tooth based on clinical and radiological examination. A danger of aspiration of mobile tooth was suspected. Hence, it was decided to extract the tooth.

The parents were counseled about the treatment plan, its advantage and shortcomings and consequences if treatment was avoided. Prophylactic administration of Vitamin K was given after pediatric consultation to avoid risk of hemorrhage. The natal tooth was then extracted under topical anaesthesia and gentle curettage of socket was done to remove any odontogenic remnants at the extraction site. Post extraction haemostasis was achieved [Figure 3]. The extracted tooth had a crown but was without root [Figure 2]. Postoperative instructions were given and the patient was reevaluated after 1 week and 3 months.



Fig 1: New born baby with natal tooth



Fig 2: Extracted natal tooth with no ROOT development



Fig 3: Post-operative haemostasis achieved

Discussion

The presence of natal teeth is a rare anomalous condition usually encountered in the region of mandibular central incisors. These teeth are commonly present as normal complement of primary dentition (90-99%). 1-10% of these teeth are supernumerary [7]. Natal teeth are either conical or of normal size and shape and usually have opaque yellow or brownish colour. Hebling *et al.* [8] classified these into the categories: (1) shell-shaped crown loosely attached to the alveolus by a rim of oral mucosa without any root, (2) solid crown loosely attached to the alveolus by oral mucosa with

little or no root, (3) incisal edge of crown just erupted through oral mucosa, and (4) a mucosal swelling with palpable but unerupted tooth.

The risk associated with natal teeth are aspiration when the tooth is excessively mobile, ulceration on the ventral surface of tongue, soreness in newborn, interference with breastfeeding leading to feed refusal and growth retardation and injury to mother's breast. The decision whether to extract these teeth or maintain them in oral cavity is based on factors like degree of mobility, interference with suckling and breastfeeding, traumatic injury to tongue and whether the tooth is supernumerary or a part of primary dentition [9].

The maintenance of natal teeth is the preferred treatment option unless these teeth cause injury to tongue, interfere with breastfeeding or possess excess mobility with the risk of aspiration. In such cases extraction is the treatment of choice. It is advised to wait until the child is 10 days old before extraction so as to allow the commensal flora of intestine to become established and produce Vitamin K necessary for the production of clotting factors. If it is not possible to wait, then a paediatrician should be consulted for administration of Vitamin K (0.5-1.0 mg) intramuscularly if the newborn was not given vitamin K immediately after birth. All wright reported extraction of 25 natal teeth in babies older than 20 days with no episode of haemorrhage even though no precaution was taken.

Even though there is a risk of aspiration but no such reports has been documented in the literature. However cases of spontaneous exfoliation of tooth have been reported [10]. Martins recommended smoothing of incisal edge as a treatment option.

Kinirons observed the presence of sublingual ulcer immediately after birth, which was proposed to be caused by suction during intrauterine life [11]. Zhu and King suggested no relationship between trauma to mother's nipple and natal teeth [3].

The role of pediatric dentist is very crucial in the management of natal teeth. The decision to retain or extract such teeth should be weighed against risks and benefits of these teeth. Parents should be educated and counseled about such teeth and its consequences.

Conclusion

Newborns with natal or neonatal teeth must be carefully examined and require proper treatment planning. Parental counseling must be given equal importance. Pediatric dentists play a vital role in management as well as parental education and creating awareness regarding natal teeth.

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