

Neonatal Teeth: A Report Of Three Cases

Abstract

The majority of natal teeth represent the early eruption of normal primary deciduous dentition. The incidence of natal teeth is approximately 1:1,000 to 1:3,000 live births. These teeth stimulate the interest of both parents and pediatric dentist because of their clinical characteristics. The purpose of these case reports is to review the literature related to natal teeth and discuss the various appropriate treatment options.

Key Words

Natal teeth, Ulcer, Incisal trimming

Introduction:

Infants occasionally are born with structures, which appear to be erupted teeth much before the age of first deciduous teeth. These precociously and prematurely erupted teeth are concerns of functional and psychological changes in the child's life and emotional terms for the parents. These structures must be distinguished from true deciduous teeth. Massler and Savara^[1] defined these teeth as Natal and Neonatal teeth taking only the time of eruption as a reference and stated that Natal teeth are those teeth that are present at the time of birth and Neonatal teeth are those teeth that erupt within 30 days of life.

Natal teeth were reported during Roman times by Titus Livius (59 BC) and Caius Plinius Secundus (23 BC) and were described in the cuneiform inscriptions found at Nineveh.⁴ Superstitions and folklore about natal teeth have varied from claims that affected children were exceptionally favored by fate to the belief that they were doomed.^{[2],[3]}

According to Bodenhoff (1960), 85% of natal or neonatal teeth are mandibular incisors, 11% are maxillary incisors, and 3% are mandibular cuspids or molars.

They vary in occurrence from 1:1000 to 1:30000 and 85% of natal and/or of Neonatal teeth are mandibular incisors.^[3]

Tooth extraction is indicated if the tooth is supernumerary or if the tooth is poorly implanted and excessively mobile, which is associated with a risk of aspiration.^[4]

Case Report:

The case report presents the 3 cases of natal teeth who reported to the department of Pediatric Dentistry, Bharati Vidyapeeth Dental College &

Hospital.

Case I: A 25 day old female reported to the department with complaint of presence of tooth since birth. Oral examination revealed single tooth in mandibular anterior region with grade II mobility.



Fig I: Case I

Case II: A 13 day old male infant visited the department with mother complaining of difficulty in feeding process. Oral examination showed a single tooth in mandibular anterior region which was normal in size with no mobility. Tip of the tongue & floor of mouth showed ulceration.



Fig II: Case II

Case III: A 21 day old male infant was referred to the department with complaint of presence of tooth like structure since birth and refusal to suck milk. Oral examination revealed single tooth in mandibular anterior region, with normal size and exhibiting grade II mobility.



Fig III: Case III

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Immediate extraction was the treatment of choice for case I & III. The teeth were extracted under topical local anesthesia, which the patient tolerated well. The patients were reevaluated after 2 days, and recovery was found to be uneventful in all the cases. The extracted teeth had a crown but were devoid of roots.

The sharp edges of the tooth were trimmed and made smooth with finishing bur for case II. Patient was reviewed after five days, the recovery was uneventful and the ulcer disappeared.

Discussion:

To define the teeth present at the time of birth or which erupts during the first month of life, several terms have been used by authors, namely Congenital teeth, Fetal teeth, Predeciduous teeth, premature teeth, Precociously erupted teeth, and Dentitia praecox.^{[5],[6],[7]}

Massler and Savara^[1] in 1950 found first order relatives with natal or neonatal teeth in 10 of 24 cases. Also, because natal and neonatal teeth are often components of inherited syndromes with more serious manifestations, infants with teeth at birth or shortly thereafter should be evaluated carefully.^{[2],[7]} For example, pachyonychia congenita, a rare

hereditary disorder characterized by nail hypertrophy and dyskeratoses of skin and mucosas, also will show natal or neonatal teeth in a sizeable number of cases.^[8] Other congenital conditions associated with premature teeth include Ellis-van Creveld syndrome,^[7] Pierre Robin anomaly, adrenogenital syndrome, cleft palate and rickets,^[2] Hallermann-Streiff syndrome,^[7] craniofacial dysostosis,^[9] and patent ductus arteriosus with lethal intestinal obstruction (Harris et al. 1976). In the decision of maintaining or not these teeth in the oral cavity, some factors should be considered, such as implantation and degree of mobility, inconveniences during suckling, interference with breastfeeding, possibility of traumatic injury, and whether the tooth is part of normal dentition or is supernumerary.^[10] If the erupted tooth is diagnosed as a tooth of the normal dentition, each of the other situations mentioned above should be considered. The maintenance of these teeth in the mouth is the first option, unless this would cause injury to the baby.^{[7],[11]} When well implanted, these teeth should be left in the arch and their removal should be indicated only when they interfere with feeding or when they are highly mobile, with the risk of aspiration.^[12] If the tooth does not interfere with breastfeeding and is otherwise asymptomatic, no intervention is necessary.^[13] Smoothing of the incisal margins was the option reported by Martins et al^[14] in 1998 to prevent wounding of the maternal breast during breastfeeding. However in contrast, Zhu and King^[6] in 1995 reported that there was no relationship between wounding of mother's nipple and the presence of natal teeth since the tongue is

interposed between these teeth and the nipple during breast feeding. Thus traumatic injury would occur only to the baby's tongue. This condition was first described by Caldarelli in 1857 in association with general organ failure in a child followed by death. Riga and Fede Histologically described the lesion, which then started to be called Riga-Fede disease.^[15]

Conclusion:

Infants with such teeth must be carefully examined to confirm the etiology and nature of these teeth and to determine whether they are deciduous or supernumerary. The incisal trimming of these teeth using a finishing bur or a grinding disk is considered a conservative treatment.

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