

## A Rare Case of Natal Teeth

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### ABSTRACT

The presence of natal teeth (at birth) or neonatal teeth (within a month of delivery) is a rare condition. This report discusses a newborn female, at birth, with one mandibular incisor tooth. The teeth were mobile and were extracted because of the fear of aspiration and difficulty in feeding. The purpose of this report is to review the literature related to natal teeth and discuss their possible etiology and treatment.

**Keywords:** natal teeth, aspiration

### CASE DESCRIPTION

A female child was born at term, via normal vaginal delivery with Apgar scores of 7 at 1 minute and 9 at 5 minutes, 3 kg birth weight after an uneventful pregnancy and delivery. On clinical examination at birth, oral examination revealed one crown of the teeth whitish opaque in color in the mandibular anterior region [Figure 1], exhibiting grade III mobility. The crown size was normal; The lips, gingivae palate, tongue, floor of the mouth, and buccal mucosa were clinically normal in appearance and there was no ulceration on the ventral surface of the tongue. There was no gross congenital malformation.



Figure 1: Female child at day 1 of life showing mandibular natal teeth



Figure 2: Post extraction picture showing hematoma formation

A diagnosis of a natal tooth was made. A danger of aspiration of these teeth existed. The newborn was unable to suck properly and it led to soreness in the mother's breasts. After discussing the treatment options with the mother, it was decided that extraction was the best treatment since the mother was very concerned with the local perceptions about natal teeth and she felt she could not continue breastfeeding her child. Hence, after the prophylactic administration of vitamin K intramuscularly as a part of immediate medical care to prevent hemorrhage, 2% lidocaine HCl with 1:100,000 epinephrine was infiltrated labially and lingually around the teeth and the teeth were extracted under topical local anesthesia which the patient tolerated well. No radiographs were taken at this point because the management was not going to change whether the teeth were actual primary or supernumerary teeth. The extracted tooth had a crown but was devoid of roots. The patient was reevaluated at 3 days and 1-week post-extraction, and the recovery was found to be uneventful. Breastfeeding was established and the child is gaining weight and milestone as per age.

## DISCUSSION

The occurrence of natal and neonatal teeth is an uncommon condition, which has been associated with many superstitions among different ethnic groups. Natal teeth are three times more common than neonatal teeth. The incidence of natal ranges from 1:2,000 to 1:3,000. (1) Females have a greater predilection. Natal teeth are three times more common than neonatal teeth(2) Clinically, natal teeth are small, and conical and usually have an immature appearance with poorly developed, hypoplastic enamel and dentine. They are attached to the mucosa and are occasionally covered by a pad of soft tissue. (3) There is usually absent or poor root development and this generally results in significant mobility. (4,5)

They have a strong family deposition and are inherited as an autosomal dominant trait in 8-36% of cases (3)Endocrine disturbance resulting from the pituitary, thyroid, and gonads also may be one of the key factors. Few syndromes like Rubinstein-Taybi, Craniofacial Dysostosis, Pierre-Robin, and Sotos syndrome are reported to be associated with natal teeth and neonatal teeth. (1)

The most common complications of natal/neonatal teeth are the risk of swallowing and aspiration when the teeth are loose, as well as feeding difficulty, which can ultimately lead to dehydration and failure to gain weight. Furthermore, the mother may experience symptoms such as nipple ulcerations, inflammation, and pain from breastfeeding. (5,6) Last is the development of Riga-Fede disease. The Riga-Fede disease is a benign mucosal manifestation presenting as an ulcer most commonly on the ventral surface of the tongue. It is caused by repeated traumatic injuries due to backward and forward movements of the tongue over the mandibular incisors as in the course of feeding (7,8). It commonly affects young infants, especially those with natal/neonatal teeth. It can be asymptomatic but is occasionally painful.

Management of natal/neonatal teeth should be conservative whenever possible. If the tooth is well implanted, not excessively mobile, nor causing feeding difficulty or nipple symptoms, it should be preserved with close monitoring. If the incisor edge is sharp and is causing discomfort in the infant or the mother, or in the case of Riga-Fede disease, it should be rounded and smoothed or removed depending on the risk of aspiration.(9)

## CONCLUSION

Removal of natal teeth is indicated when they are poorly developed, interfere with feeding, highly mobile, and associated with soft tissue growth(10) The decision to retain or to extract a natal and/or neonatal tooth should be evaluated in each case, keeping in mind scientific knowledge, clinical common sense, and parental opinion and their local beliefs.

Radiographic examination is an essential auxiliary tool for the differential diagnosis between supernumerary primary teeth and teeth of the normal dentition. When the teeth are supernumerary, they should be extracted. In this procedure, the clinician should first consider the well-being of the patient and assess the risk of hemorrhage due to hypoprothrombinemia being commonly present in newborns. Normal dentition when considered mature should be preserved and maintained in healthy condition. (3,10)

**Conflict of Interest:** None

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