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Sublingual Ulceration Due to Natal Tooth – Riga – Fedes Disease.

KEYWORDS: Riga – Fede's disease, natal tooth, sublingual ulceration

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INTRODUCTION :

Ulceration on ventral surface of the tongue in newborn is most commonly associated with trauma by Natal (or) Neonatal tooth.[1,2] It is due to forward and backward movement of the tongue over the primary teeth. In older children ulceration occurs after eruption of primary lower incisors with repetitive tongue thrusting habits.[3] Neurological disorders like familial dysautonomia (insensitive to pain)[4] will also be associated with above such lesions.

The lesion usually begins as ulceration on ventral surface of tongue with repeated trauma. It may progress to fibrous enlarged ulcerative granulomatous mass. But its nature is relatively benign and seldom requires histopathological examination. It will be brought to the Pediatrician's attention since it interferes with sucking,feeding leading on to nutritional deficiency risk for the neonate.

This case is reported to recognize this entity to prevent unnecessary workups and invasive procedures.

Case report:

A 22–days-old term neonate was brought with complaints of difficulty and excessive irritability while breast feeding. The mother noticed an ulcer beneath the tongue (figure -1) for the past 3 days before she came to us and can't able to feed her baby properly. On examination there was a sharp natal tooth in the place of mandibular central incisor ,whitish in colour causing a deep ulceration 20 x 10 mm in the ventral aspect of the tongue extending from anterior border to frenulum with white fibrinopurulent membrane and surrounding erythema(figure 2). Tenderness was noted on gentle digital palpation. There was no other intraoral mucosal lesions. There was no family history of such lesions and was negative of congenital syndromes, neurological disorders and disorders in development .

A diagnosis of Riga – Fedes disease (RFD) was made and the tooth was extracted under topical local anesthesia. The ulcer has healed remarkably well after 3 weeks of extraction and the feeding was reestablished.

Discussion :

Teeth eruption at birth was reported age old in many medical as well as dental literature.[5] These entities have been coined as 'Natal teeth', 'Neonatal teeth', 'congenital teeth' (or) Precocious dentition by Mayhall and Baderhoff.[6,7] The most accepted terminology in present literature has been defined by Massler and Savara.[8] Natal teeth indicates the teeth present in oral cavity at birth and 'neonatal teeth' those which erupt during the neonatal period ie from birth to thirtieth day of life.

RFD is observed in 6 to 10 percent of neonates with natal tooth and it is most commonly with its sharp nature. These ulcerations interfere with proper suckling and feeding and put the neonates at risk for nutritional deficiencies resulting in failure to thrive.

This lesion was first described by Antonio Riga, an Italian Physician in 1881 and Fede, an Italian Pediatrician published its histopathological studies in 1890 [3] and subsequently it has been known as " Riga-Fedes disease".

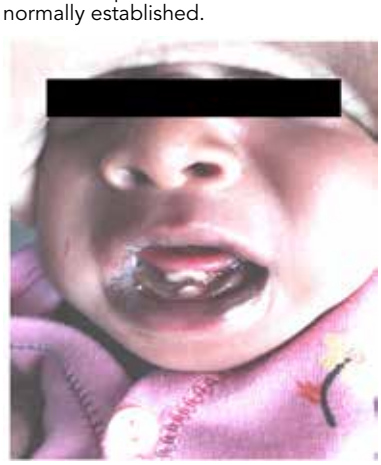
Another entity described by Elzay in 1983, ' traumatic ulcerative granuloma with stromal eosinophilia' (TUGSE) with similar histopathological features like RigaFedes disease[9].TUGSE is reported mostly in late adulthood and not restricted only to tongue also to buccal mucosa , vestibule, gingiva (or) palate. But Riga Fedes disease has been reported as exclusively restricted to the tongue. In our case, the lesion is restricted mainly to tongue and no other mucosal lesions anywhere.

Neurological disorder association has been described by Domingues - Cruz et al classifying it into " Precocious Riga Fede disease" in first 6 months with no neurological disorders and "late Riga Fede disease "after 6-8 months after primary dentition with possible relationship to neurologic disease.

Treatment modalities of Riga- Fedes has varied over years from extraction of the tooth and curettage of underlying Dental papilla which is the standard way of care to other conservative therapeutic options like Grinding (or) discing the sharp edges (or) coverage of the tooth with light-cured composite resin.[10,11]

In our case, since the ulcer area was large and denuded and interferes with suckling & feeding the tooth has been extracted.

On follow up the lesion has healed well and the feeding was normally established.



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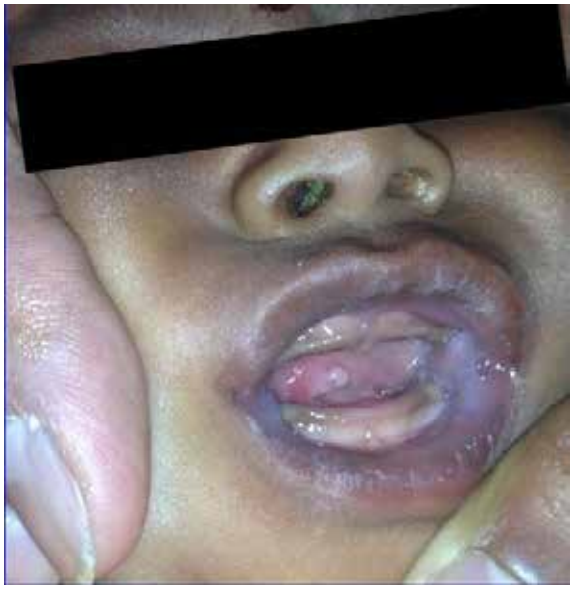

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