



Management of Natal Tooth- A Case Report

KEYWORDS

Natal teeth, Neonatal Teeth, Infant oral health care, Management

Dr. Karuna Kamboj

Post Graduate, Department of Pediatric and Preventive Dentistry SBB Dental college and Research Center, Ghaziabad (U.P)

Dr. Mohamad Nishad Thayath

Professor & Head of Department Department of Pediatric and Preventive Dentistry SBB Dental college and Research Center, Ghaziabad (U.P)

ABSTRACT Eruption of a tooth or presence of tooth at the time of birth is relatively a rare phenomena. These teeth are accompanied by various difficulties like pain on suckling and sometimes ulcerations too. Here, the case report of a natal tooth in 12 days old infant and its management is reported/described.

Introduction-

The role of the pediatric dentist begins from infancy through adolescents. Eruption of the 1st tooth takes place in the oral cavity at about 6 months of the age, which is considered as one of the milestones of child's life. Occasionally infants are born with a tooth like structure in their oral cavity before the age of first deciduous tooth. Various terminologies are mentioned in the literature for these type of pre maturely erupted teeth, such as Dentitia praecox, congenital teeth, fetal teeth, infancy teeth, and predeciduous teeth.¹ Massler and Savara (1950) termed these teeth as "Natal" and "neonatal" and these are most accepted universally.² On the basis, when teeth are observed at birth or during the first 30 days of life, being denoted natal and neonatal teeth, respectively.

Although these terms only define the time of eruption and give no hint whether the tooth is a component of primary dentition or whether it is supernumerary, newer synonyms should be explored.³ Regarding Natal and Neonatal teeth, the interest, curiosity, and concern of clinicians are similar to that of the parents.

Case Report-

12 days old baby girl reported to department of pediatric and preventive dentistry, SBB dental college and research center, Ghaziabad (UP). The parents complained of loose tooth in lower front region of the jaw. Patient was referred to our department from nearby local health care center.

- Oral examination revealed a crown (tooth) in the left mandibular anterior region, near to midline. This tooth was whitish opaque in color, surrounding marginal gingiva was mildly inflamed, held with soft tissue, exhibiting grade III mobility in left central incisor position.(fig-1)
- Fig-2 shows small, ulcerated area on ventral aspect of left side of tongue.
- While taking history, tooth was present at the time of birth. Patient's medical file revealed needed vaccinations were given.
- This tooth was diagnosed as natal tooth. Tooth was extremely mobile we decided for extraction. Prognosis had been explained and written consent was taken from parents.
- Mother was asked to feed the baby prior to extraction.
- Baby's head was kept in doctor's lap and leg in mother's lap.

- With sterile gauze piece mucosa and gingiva surrounding the tooth was dried and then topical anesthesia applied.
- After that with thinner gauge needle, 0.2 to 0.4 ml Local anesthesia (2% lignocaine with adrenaline) injected in buccal mucosal fold adjacent to the tooth.
- Then with periosteal elevator gingiva was reflected and with the help of small artery forceps tooth was removed. Sterile gauze piece pressed for 5 mins to control bleeding.
- Paracetamol drops were prescribed for 1 day as an analgesic.



Fig-1 Natal tooth



Fig-2 - immediately after extraction



Fig-3 – extracted tooth

Discussion-

Premature eruption of a tooth at the time of birth or too early is combined with many misconceptions. Titus Livius, in 59 B.C., considered natal teeth to be a prediction of

disastrous events. In Poland, India, and Africa, superstition prevailed for a long time, and in many African tribes children born with teeth were murdered soon after birth because they were believed to bring misfortune to all they would contact.

The incidence of natal and neonatal teeth ranges from 1 : 2,000 to 1 : 3,500.⁵ There was no difference in prevalence between males and females. They are most commonly seen in mandibular region of central incisors, followed by maxillary incisors, mandibular cuspids or molars, and maxillary cuspids or molars in descending order.⁶

The exact etiology is still unknown. Various investigators have put forward their hypothesis. Few of the reasons are – inheritance as dominant autosomal triad, endocrinal disturbances, excessive or increased resorption of overlying bone results in early eruption, poor maternal health, endocrine disturbances, febrile episode during pregnancy, congenital syphilis.^{7,3} Environmental factors also play an important role in eruption of natal and neonatal teeth. Few syndromes are also associated with natal and neonatal teeth.⁴

In our case baby was full term baby, maternal health was good during pregnancy and clinically no other abnormalities were detected. Morphologically, natal and neonatal teeth may be conical or may be of normal size and shape and opaque yellow-brownish in color.⁸ In this case tooth was whitish-opaque color and bit smaller than normal size, was seen.

Spouge and Feasby (1966)⁹ classified natal and neonatal teeth into two- mature and immature. Mature- when they are fully developed in shape and comparable morphology to primary teeth. Immature- when their structure and development are incomplete. This was based on clinical characteristics.

Diagnosis of natal and neonatal teeth is very much essential to rule out normal dentition or supernumerary tooth. Few investigators have suggested to go for radiographic verification for diagnosis.^{8,10} Diagnosis is important for the maintenance of natal and neonatal teeth of the normal dentition, since the premature loss of a primary tooth may cause a loss of space and collapse of the developing mandibular arch.¹⁰

A major complication from natal/neonatal teeth is ulceration on the ventral surface of the tongue caused by the tooth's sharp incisal edge. This condition is also known as Riga- Fede disease or syndrome.¹¹ Possibility of swallowing and aspiration can also be one of the major complication.¹²

Treatment of a natal teeth is a crucial aspect. Treatment should be planned carefully due to its several complications like premature loss, space loss, collapse of developing arches and results in subsequent malocclusion in permanent dentition. If natal tooth is diagnosed as a tooth of a normal dentition, 1st priority should to conserve and maintain the tooth in a oral cavity. Smoothing of the incisal margin was the option reported by Martins et al (1998) to prevent wounding of the maternal breast during breast feeding.¹³

Zhu and King (1995) reported that there was no relationship between wounding of the 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.¹ Few authors suggested that if the tooth is Extremely mobile and then it is better to extract due to their complication like aspiration/swelling of tooth. Administration of vitamin K before the procedure permits safe extraction. Berendsen and Wakkerman (1998)¹⁴ also mentioned the risk of hemorrhage in extractions performed before 10 days of life when vitamin K was not administered.

In this case of natal tooth was grade-III mobile, so to prevent the aspiration/swallowing of tooth, extraction was planned. As baby was 12 days old so we did not give vitamin K supplement before extraction.

Conclusion-

Natal tooth is a rare event. Through clinical and radiographic examination is must to evaluate particular natal tooth is of normal dentition or supernumerary tooth. Treatment of natal tooth mainly depends on degree of mobility, discomfort to child and mother while feeding. Treatment varies as per clinical situation.

REFERENCE

- Zhu J, King D. Natal e neonatal teeth. J Dent Child 62:123-128, 1995. | 2) M. Massler and B. S. Savara, "Natal and neonatal teeth. A review of twenty-four cases reported in the literature," The Journal of Pediatrics, vol. 36, no. 3, pp. 349-359, 1950. | 3) Shubhangi Mhaske et al. Natal and Neonatal teeth: An Overview of the Literature. ISRN Pediatrics, vol. 2013, Article ID 956269 | 4) Bodenhoff J, Gorlin RJ. Natal and neonatal teeth: folklore and fact. Pediat 32:1087- 1093, 1963. | 5) K. El Khatib, A. Abouchadi, M. Nassih et al., "Natal teeth: apropos of five cases," Revue de Stomatologie et de Chirurgie Maxillo-Faciale, vol. 106, no. 6, pp. 325-327, 2005. | 6) H. Dymont, R. Anderson, J. Humphrey, and I. Chase, "Residual neonatal teeth: a case report," Journal of the Canadian Dental Association, vol. 71, no. 6, pp. 394-397, 2005. | 7) I. S tamfelj, J. Jan, E. Cvetko, and D. Ga'sper'si'c, "Size, ultrastructure, and microhardness of natal teeth with agenesis of permanent successors," Annals of Anatomy, vol. 192, no. 4, pp. 220-226, 2010. | 8) Rusmah M. Natal and neonatal teeth: a clinical and histological study. J Clin Ped Dent 15:251-253, 1991. | 9) Spouge JD, Feasby WH. Erupted teeth in the newborn. Oral Surg Oral Med Oral Pathol 22:198-208, 1966. | 10) Hebling J, Zuanon ACC, Vianna DR. Dente Natal—A case of natal teeth. Odontol Clin 7:37-40, 1997. | 11) R. T. Anegundi, R. Sudha, H. Kaveri, and K. Sadanand, "Natal and neonatal teeth: a report of four cases," Journal of the Indian Society of Pedodontics and Preventive Dentistry, vol. 20, no. 3, pp. 86-92, 2002. | 12) Toledo, AO. Crescimento e desenvolvimento: noções de interesse odontopediátrico. In: Odontopediatria: Fundamentos Para a Prática Clínica. São Paulo: Premier; 1996:17-40. | 13) Martins ALCF et al. Erupção dentária: dentes deciduos e sintomatologia desse processo. In: Corrêa MSNP. Odontopediatria na Primeira Infância. São Paulo: Santos; 1998:117-129. | 14) Berendsen WJH, Wakkerman HL. Continued growth of the papillae after extraction of neonatal teeth: report of case. J Dent Child 55:139-141, 1988.