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NATAL TEETH: A RARE PEDIATRIC PRESENTATION

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Article Info	ABSTRACT
Received 15/10/2015	Natal teeth are teeth as present in the mouth at birth. They are rare in occurrence and most frequently
Revised 27/10/2015	occur in the anterior mandible as a pair of primary incisors. They are probably smaller in size and are
Accepted 02/11/2015	poorly developed with little or no root formation. The various complications faced by mother as well
1	as infants are difficulty in feeding, severe ulceration of the infant tongue or the mother breast and the
Key words: natal	risk of aspiration. Under such conditions, the early extraction of the natal tooth is warranted. In case,
tooth, hypoplasia,	the natal teeth are firm and asymptomatic, the conservative management is indicated. The article
birth, mandibular	presented a case report wherein two natal teeth were preset in the mandibular incisor region. Because
anterior, feeding.	the teeth caused problems in the nursing process and ran a risk of aspiration, they were extracted.

INTRODUCTION

Teeth that are present in newborn infants are called natal teeth. The incidence of natal teeth is approximately 1:2,000 to 1:3,000 live births. The most commonly affected teeth are the lower primary central incisors. The eruption of more than two natal teeth is rare. The majority of natal teeth represent the early eruption of normal primary deciduous dentition. Less than 10% of natal teeth are supernumerary [1].

Natal teeth might resemble normal primary dentition in size and shape. The teeth are often smaller, conical and yellowish-brown in color and have hypoplastic enamel and dentin with poor or absent root formation. Natal teeth may be uncomfortable for a nursing mother and poses a risk of aspiration and swallowing by the infant if they are excessively mobile. Other complications include sublingual ulceration (Riga-Fede disease) and laceration of the mother's breasts. Under these circumstances, natal teeth need to be extracted. A dental roentgenogram is indicated to differentiate the premature eruption of a primary tooth from a supernumerary tooth [2,3]

The management includes the tooth extraction if the tooth is supernumerary or excessively mobile and causing discomfort to mother as well as to infant. Before planning for extraction a pediatrician must be consulted to evaluate the levels of Vitamin K for prevention of hemorrhagic episodes during extraction. If the level of Vitamin K is found to be low, then an intramuscular injection of Vitamin K (0.5=1.0 mg) is recommended preoperatively. If the tooth does not interfere with breast feeding and is otherwise asymptomatic, no treatment is necessary [4,5]. This article presented a case report and management of an infant born with bilateral natal teeth.

CASE REPORT

An 11 days old baby boy was presented by parents to the Department of Pedodontics and Preventive Dentistry, Rohtak with the chief complaint of two teeth like structures in the lower anterior region since birth. Medical history revealed that the infant was nonsignificant with normal term pregnancy. The birth weight was 3.12 kilogram. A thorough general examination was carried out to rule out the presence of any syndrome. In the intraoral examination, the tooth was diagnosed as natal teeth since they were present in the infant mouth at the time of birth (Figure 1a & 1b). Furthermore, the teeth were highly mobile and caused discomfort for mother during feeding. This in turn compromises the feed for the infant, therefore the extraction of the natal teeth were planned. The removed natal teeth were whitish to light brown in color and measured 7mm X 5mm and 6mm X 5mm in dimension. They also had a hypoplastic appearance. The examination of extracted natal teeth showed teeth crown

like structure covered with enamel with dentin subadjacent to it (Figure 2).



DISCUSSION

Natal teeth erupt in the intrauterine period and are present in the infant mouth during birth. On the other hand, neonatal teeth start erupting following delivery. In our case, the teeth were present in the newborn infant's mouth during birth; therefore they were diagnosed as natal teeth. More than 90% of the natal and neonatal teeth were reported as prematurely erupted. On the other hand, 1-10% of these teeth erupt as supernumerary [6].

The incidence of natal teeth ranges from 1:2,000 to 1:3,500 live births. Leung [7] studied 50,892 infants delivered over 17 years and found the incidence of natal teeth to be 1:3,392 live births. The condition is slightly more common in females. Natal teeth are rare in extremely preterm infants. There is a racial variation in the incidence; the problem is more common among infants of some American Indian tribes [8]

The exact etiology is unknown. The infection, febrile states, trauma, malnutrition, superficial positions of the tooth germ, hormonal stimulation and maternal exposure to environmental toxins have been implicated as causative factors. The condition might occur as a familial trait since a positive family history has been reported in 8-62% of cases. Hereditary transmission of an autosomal dominant gene has also been suggested [5,8].

The most commonly affected teeth are the lower primary central incisors (85%), followed by the maxillary incisors (1%), mandibular canines and molars (3%), and maxillary canines and molars (1%). The strong predilection for the lower central incisors is consistent with the normal order of eruption of primary deciduous teeth. Natal teeth usually occur in pairs. The eruption of more than two natal teeth is rare. Natal teeth are present in 2% of infants with unilateral cleft lip and palate and 10% of infants with bilateral cleft lip and palate. Natal teeth have been reported in association with syndromes such as Ellis-van Creveld, pachyonychia congenita, oculomandibulofacial syndrome with hypotrichosis, craniofacial dysostosis, steacystoma multiplex, Meckel-Gruber and Pierre Robin syndrome [9-11].

The management of natal tooth depends upon the complications associated. If the tooth does not interfere with breastfeeding and is otherwise asymptomatic, no intervention is necessary. Tooth extraction is indicated if the tooth is supernumerary or if the tooth is poorly implanted and excessively mobile and associated with a risk of aspiration. Consultation with a pediatric dentist is strongly recommended, especially if tooth extraction is a consideration. Extraction of the tooth should be followed by curettage of the socket to prevent continued development of the cells of the dental papilla. Failure to curette the socket might result in the eruption of odontogenic remnants and necessitate future treatment [12,13]

CONCLUSION

The occurrence of natal teeth is a rare event but still possible for pediatric dentist to encounter natal teeth in daily practice. Therefore, the clinician has the responsibility to take into consideration the adverse effects these teeth may have for both the infant and the mother and provide appropriate treatment.

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CONFLICT OF INTEREST:

The authors declare that they have no conflict of interest.

STATEMENT OF HUMAN AND ANIMAL RIGHTS

All procedures performed in human participants were in accordance with the ethical standards of the institutional research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. This article does not contain any studies with animals performed by any of the authors.

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