Natal teeth: A Case report

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Abstract: The presence of teeth at birth or within a month post-delivery is a rare condition. Natal teeth are those teeth that are present at the time of birth and neonatal teeth are those that erupt within 30 days of life. Natal teeth are poorly developed with hypoplastic enamel and dentin, poor in texture, and have a poor or absent development of roots. Natal teeth are more frequent, approximately three times more common than neonatal teeth, with the most common localization being the mandibular region of central incisors. The purpose of this paper is to present one such case where two natal teeth in the mandible were present at the time of birth. These should be carefully examined for further treatment planning. The decision to keep or to extract these teeth should be evaluated in each case, keeping in mind the scientific knowledge, and parental opinion.

Keywords: natal teeth, neonatal teeth.

INTRODUCTION
The eruption of the baby’s first tooth will bring immense pleasure to the parent which is associated with lots of emotions. If a tooth is found at the time of birth or too early, it leads to a cascade of reactions, which are combined with a lot of misconceptions. The presence of teeth at birth or within a month post-delivery is a rare condition. According to Massler and Savara, natal teeth are those teeth that are present at the time of birth and neonatal teeth are those that erupt within 30 days of life. Other terms such as congenital teeth, fetal teeth, predeciduous teeth, and precocious dentition as well as dentitia praecox and dens connatalis, have been used to describe these teeth. In most instances, Natal teeth are poorly developed with hypoplastic enamel and dentin, poor in texture, and have a poor or absent development of roots. Natal teeth are more frequent, approximately
three times more common than neonatal teeth, with the most common localization being the mandibular region of central incisors (85%), followed by maxillary incisors (11%), mandibular cuspids or molars (3%), and then maxillary cuspids or molars (1%).[3] The reported incidences vary greatly, from those of Gordon at 1:100, those of Massler and Savara, at 1:2000; those of Ballantyne at 1 in 6000 births, and Howkins at 1:10,000 births. 4,5,6 The purpose of this paper is to present one such case where two natal teeth in the mandible were present at the time of birth.

CASE REPORT
A 8-day-old female infant was referred to faculty of dental sciences, King George’s Medical University Lucknow with complaint of two teeth in the lower jaw since birth, continuous crying, and inability to feed milk. Oral examination revealed two crowns of the teeth in the mandibular anterior region [Figure 1], whitish in color and exhibiting grade II mobility. The crown size was appear to be normal, and the gingiva was slightly inflamed around the teeth. A diagnosis of natal teeth was made.

Fig.1: Preoperative photograph.

Since immediate extraction was the treatment of choice, a pediatrician was consulted and the teeth were extracted under strict aseptic condition and under topical local anesthesia, which the patient tolerated well [Figure 2,3]. The patient was reevaluated after 3 days, and the recovery was found to be uneventful.

Fig.2: Photograph immediate after extraction.

Fig.3: Extracted teeth.

DISCUSSION
The occurrence of multiple natal teeth is very rare till date. Only a few cases have been reported so far.2 The etiology of this anomaly remains unknown, although it has been related to a series of factors, such as superficial positioning of the tooth germ, osteoclastic activity within the tooth germ area (bone remodeling), hereditary factors, endocrine disorders, hypovitaminosis and fever states.7,8 In the present case, no underlying cause for the natal tooth was apparent; but it could be due to superior placement of the tooth germ. There was no hereditary influence, and periodic follow-up for six months disclosed no other defects. Three syndromes have been associated with natal teeth: (1) chondroectodermal dysplasia or
Ellis-van Creveld syndrome, (2) oculomandibulodyscephaly with hypotrichosis or Hallermann-Streiff syndrome, and (3) pachyonychia congenita or Jadassohn- Lewandowski syndrome. Natal teeth may also be associated with cleft lip, cleft palate. Clinical studies by Kates et al. and Massler and Savara suggested that only 1 to 8 of natal and neonatal teeth are supernumerary. Clinically, the natal teeth are small, or of normal size, conical or of normal shape. They may reveal an immature appearance with enamel hypoplasia and small root formation. Natal teeth may exhibit a brown-yellowish or whitish opaque color. They are attached to a pad of soft tissue above the alveolar ridge, occasionally covered by mucosa and as a result have an exaggerated mobility, with the risk of being swallowed or aspirated, in most of the cases. Radiographically, these teeth show low radiopacity, minimal or absent root formation. The histological aspect shows a thin enamel layer, with varying degrees of mineralization, and hypoplastic to total absence of enamel in some regions. Friend et al. demonstrated that the alteration in amelogenesis was detected due to premature exposure of the tooth to the oral cavity, which resulted in metaplastic alteration of the epithelium of the normally columnar enamel to a stratified squamous configuration.

The presence of natal or neonatal teeth may lead to formation of a traumatic ulcer on the ventral surface of the tongue, which is known as Riga’s Boil or Riga’s apthae. Although usually associated with natal or neonatal teeth, it may also occur in older infants after the eruption of the primary lower incisors. If the natal teeth are loose, they should be removed shortly after birth while the newborn infant is still in the hospital. The possibility of aspirating or ingesting natal teeth is reported to be a reason for extraction of mobile teeth. According to Ooshima et al the extraction of the natal tooth should be followed by the curettage of the socket to prevent continued development of the cells of the dental papilla as it would continue to grow resulting in eruption of tooth-like structures several months later. We did not observe any such alterations after a follow-up for six months.

CONCLUSION
Natal and neonatal teeth are rare condition in the oral cavity. These should be carefully examined for further treatment planning. The decision to keep or to extract these teeth should be evaluated in each case, keeping in mind the scientific knowledge, and parental opinion.

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