Born with a Tooth: A Case of Natal Teeth

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ABSTRACT
Tooth eruption follows a chronology corresponding to the date when the tooth erupts into the oral cavity. This date has been established in the literature and is subject to small variations depending on hereditary, endocrine and environmental features. At times, however, the chronology of tooth eruption suffers a more significant alteration in terms of onset, with the possibility that the first teeth will be present at birth or arise during the first month of life. According to the definition presented by Massler and Savara (1950), taking only the time of eruption as reference, natal teeth are those observable in the oral cavity at birth and neonatal teeth are those that erupt during the first 30 days of life. This definition has been accepted and utilized by most authors. This case report presents a case of natal tooth which reported to the Department of Pediatric and Preventive Dentistry, Institute of Dental Sciences, Bareilly, Uttar Pradesh, India.

CASE REPORT
A 1-month-old child reported to the department of pediatric and preventive dentistry with the complain of difficulty in feeding from her mother. On clinical examination, a tooth like mobile calcified mass was seen on the alveolus of the mandible of the child (Fig. 1).

On further eliciting the history of the presenting illness, the mother revealed that the tooth like mass had erupted a few days post birth. The tooth like mass was diagnosed as natal tooth and extraction was planned.

The neonatal teeth were extracted with topical anesthesia (Figs 2 and 3) and immediately the child was asked...
to be fed by her mother. This would aid in hemostasis and also distract the child from the pain postextraction. Mild analgesics were prescribed and the parent was advised to render analgesics to child only if necessary. The child was recalled after 4 weeks for review (Fig. 4). The wound healed uneventfully and the child was asymptomatic.

DISCUSSION

Presence of teeth since the time of birth has been the subject of curiosity and study since the beginning of time, being surrounded by beliefs and assumptions. The occurrence of natal and neonatal teeth has been associated with diverse superstitions among many different ethnic groups and cultures. Shakespeare contributed his thoughts on natal teeth in “King Henry the Sixth” when he refers to Richard the Third in his quotation, “teeth hadst thou in thy head when thou wast born to riguity thou camest to bite the word”. In some cultures like Malaysian communities, a natal tooth is believed to herald good fortune. Chinese community considers presence of these teeth as a bad omen and the affected children are considered to be monsters and beavers of misfortune. 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. In England, the belief was that babies born with teeth would grow to be famous soldiers, whereas in France and Italy, the belief was that this condition would guarantee the conquest of the world.2-5

Incidence and Prevalence

The incidence of natal and neonatal teeth has been estimated to be 1:1000 and 1:30,000. Incidence of natal and neonatal teeth reported in literature was highly varied and depends on the different ethnic groups studied. The incidence of occurrence of natal and neonatal teeth is 85% in mandibular incisors, 11% in maxillary incisors, 3% in mandibular canines and molars and only 1% in maxillary posterior regions. More than 90% of natal and neonatal teeth are prematurely erupted whereas less than 10% are supernumerary. There was no difference in prevalence between males and females. However, Kates et al in 1984 reporting a 66% proportion for females against a 31% proportion for males.6

Clinical Presentation

Morphologically, the natal/neonatal teeth are poorly developed and are small and cone shaped. They have a yellowish-brown or whitish opaque color and have a hypoplastic enamel or dentin. Occasionally they may be of normal size and shape. Spouge and Feasby in 1966 clinically classified natal/neonatal in; Mature: When they are fully developed in shape and comparable in morphology to the primary teeth; Immature: When their structure and development are incomplete. The term mature may suggest that the tooth is well-developed compared to the remainder of the primary dentition and that its prognosis is relatively good. In contrast, the term immature assumes the presence of an incomplete structure and implies a poorer prognosis for the tooth in question. Recently in 1997 Hebling classified natal teeth into four clinical categories (1) Shell-shaped crown poorly fixed to the alveolus by gingival tissue and absence of a root; (2) Solid crown poorly fixed to the alveolus by gingival tissue and little or no root; (3) Eruption of the incisal margin of the crown through gingival tissue; (4) Edema of gingival tissue with an unerupted but palpable tooth.7 If the degree of tooth mobility is more than 2 mm, the natal teeth of category (1) or (2) usually need...
extraction. Since in the present case, the complain tooth was in category (1), extraction was planned.

**Diagnosis**

Natal teeth are usually diagnosed based on a complete history and physical examination of infant. A radiographic verification of the relationship between a natal and/or neonatal tooth and adjacent structures, nearby teeth, and the presence or absence of a germ in the primary tooth area would determine whether it belongs to the normal dentition or supernumerary, so that indiscriminate extractions would be performed. Bohn nodules and cysts of the dental lamina differentiated from natal and neonatal teeth by radiographic examination. The maintenance of natal and neonatal teeth of the normal dentition is important, since the premature loss of a primary tooth may cause a loss of space and collapse of the developing mandibular arch, with consequent malocclusion in permanent dentition.\(^1,3,8\)

**Complications**

- Ulceration to the nipple of the mother and interference with breastfeeding.
- Potential risk of the infant inhaling the tooth into his/her airway and lungs if the tooth becomes dislodged due to its great mobility.
- Ulceration to ventral surface of the tongue: this condition was first described by Caldarelli in 1857 in association with general organ failure in a child, followed by death. Riga and Fede histologically described the lesion, which then started to be called Riga-Fede disease.
- Difficulty in feeding or refusal to feed due to pain.\(^1,9\)

**Precautions**

If the treatment option is extraction, this procedure should not pose any difficulties since these teeth can be removed with a forceps or even with the fingers. However, authors emphasized the precautions that should be taken when extracting natal and/or neonatal teeth: avoiding extraction up to the 10th day of life to prevent hemorrhage, assessing the need to administer vitamin K before extraction, considering the general health condition of the baby, avoiding unnecessary injury to the gingiva, and being alert to the risk of aspiration during removal.

According to Rusmah (1990), tooth extraction is contraindicated in newborns because of the risk of hemorrhage. However, administration of vitamin K before the procedure permits safe extraction. Berendsen and Wakkerman (1987) also mentioned the risk of hemorrhage in extractions performed before 10 days of life when vitamin K was not administered. Allwright (1976) reported the extraction of 25 natal and neonatal teeth in 15 babies with no episode of hemorrhage even though no therapeutic precaution had been taken. However, all the extractions reported by the author were performed in babies older than 20 days: the same protocol was followed in our case also.\(^2,8\)

**CONCLUSION**

Natal and neonatal teeth are rare events in the oral cavity. The decision to keep 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 after the parents are properly informed about all aspects involved in this situation.

**REFERENCES**