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(CASE REPORT)

Managing a mobile natal tooth in an infant: Preventing aspiration and alleviating breastfeeding discomfort

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Abstract

Introduction: Natal teeth are a rare condition in which a newborn presents with teeth at birth. The lower primary central incisors are the most commonly affected teeth. Natal teeth typically come in pairs and it is rare to see more than two erupt.

Case History: A 2-month-old baby boy come with his mother for dental check-up. According to the heteroanamnesis, the lower tooth had erupted since birth and caused difficulty, discomfort, and soreness during breastfeeding. Two teeth had previously erupted, but one of them was extracted soon after birth. On intraoral examination, a natal tooth was observed in the lower anterior region, with severe mobility based on Miller's classification (Grade 2).

Discussion: Diagnosis is made based on historical and physical examination. Several factors to consider before made the treatment plan whether to maintain the teeth in oral cavity or extract them are degree of tooth mobility, convenience during suckling, interference with breastfeeding, traumatic injury to the tongue, the tooth part of normal dentition or supernumerary, other systemic factors. If the erupted teeth are not mobile, do not interfere with breastfeeding, asymptomatic, and diagnosed as a tooth of the normal dentition, these teeth should remain in the arch. If the erupted teeth are mobile, interference with breastfeeding, and part of supernumerary teeth, these teeth should be extracted.

Conclusion: Mobile natal teeth should be extracted to prevent the risk of aspiration and to make breastfeeding more comfortable.

Keywords: Natal Teeth; Infant; Breastfeeding; Extraction

1. Introduction

Primary teeth begin eruption around 6 months old. Natal teeth are present at birth in oral cavity while neonatal teeth erupted during the first 30 days or a month of life.[1,2] The etiology of natal teeth still remain unknown and may be related to several factors such as superficial position of tooth germ, infection, febrile states, malnutrition, hormonal stimulation and maternal exposure to environmental toxins, genetic, and hypovitaminosis. [3–5]

The worldwide prevalence of natal teeth is estimated to be 34.55 per 10,000 and the incidence is between 1:2,000 and 1:3,000 live births.[6] Natal teeth occur more often than neonatal teeth in the ratio of 3:1. Bodenhoff's study found that 85% of natal teeth are mandibular incisors, 11% maxillary incisors, 3% mandibular canines, and 1% are maxillary canines or molar.[5,7–14] They often appear in pairs. Predilection for females was cited by some authors with Kates et al., reporting a 66% proportion for female against a 31% proportion for male.[9]

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Ulceration of ventral surface of the tongue that caused by the sharp incisal edge is major complication of natal teeth. It is also known as Riga-Fede disease. Other complications are injury to the mother's breast and difficulty while breastfeeding. In the other hand, degree of mobility and the presence of ulcerations that found in child's mouth are important clinical characteristics to consider when making the treatment plan.[3]

2. Case History

A 2-month-old baby boy came to pediatric dental clinic at dental hospital Universitas Airlangga with his mother. Based on heteroanamnesis, chief complaint the lower tooth had erupted since birth and caused difficulty, discomfort, and soreness while breastfeeding. Two teeth had previously erupted, but one of them had been extracted soon after birth. Medical history was noncontributory.

Extraoral examination showed symmetrical face with no lymphadenopathy. On intraoral examination, was found crown of a tooth in the mandibular incisor region with white color, small size, and severe mobility based on Miller's classification (Grade 2) (Figure 1). Soft tissue was normal and no ulceration on the ventral surface of the tongue.

Figure 1 Natal Tooth

Management of natal teeth is influenced by several factors including tooth prognosis, risk of aspiration, difficulty in breastfeeding, risk of haemorrhage. In this case, the prognosis of the tooth was poor and the risk of aspiration was high. The tooth also interfered with breastfeeding and risk of haemorrhage was low. After discussing the treatment plan with his mother. Extraction was the best option because she was concerned about the soreness and pain while breastfeeding.

First, the tooth was anesthetized with topical anaesthesia (benzocaine 20%) then extraction was performed using anterior forceps and rotational movement (Figure 2). Hemostasis was achieved post extraction (Figure 3). Post-operative instructions were given and recall visit after 1 week was scheduled. One month after the treatment, the gingiva had healed (Figure 4). His mother also feels more comfortable while breastfeeding.

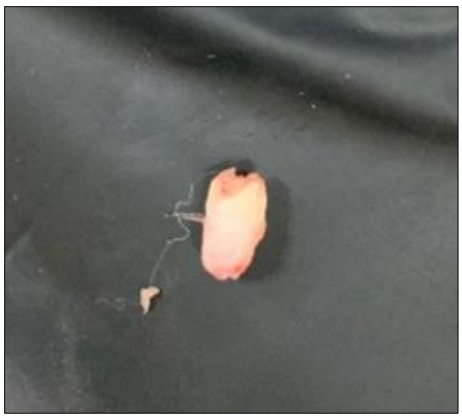

Figure 2 Extracted Natal Tooth

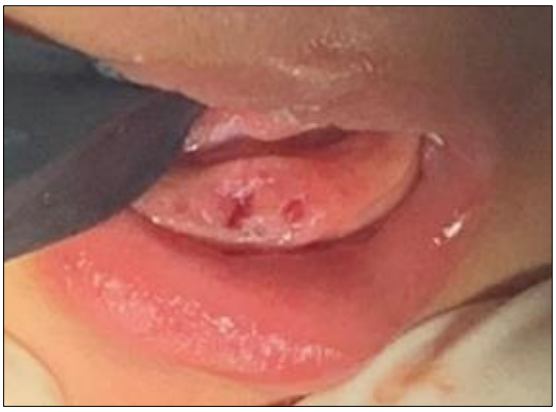

Figure 3 post-operative

Figure 4 One month follow up

3. Discussion

For many years, cases of infants born with natal and neonatal teeth have been reported in the dental literature. Natal or neonatal teeth are small and conical. They have a yellowish-brown or whitish opaque color and have a hypoplastic enamel or dentin with poor or absent development of the root. Most of these teeth are mobile.[9,10] The etiology of natal teeth still remain unknown and may be related to several factors such as superficial position of tooth germ, infection, febrile states, malnutrition, hormonal stimulation and maternal exposure to environmental toxins, genetic, and hypovitaminosis.[3–5]

The appearance of each natal tooth in the oral cavity can be classified into four categories given as follows by Hebling et al., based on the teeth emerge in the oral cavity: (1) shell-shaped crown poorly fixed to the alveolus by the gingival tissue and absence of a root; (2) solid crown poorly fixed to the alveolus by the gingival tissue and little or no root; (3) eruption of the incisal margin of the crown through the gingival tissues; (4) edema of the gingival tissue with an unerupted but palpable tooth.[8,10,11,15,16] Spoug and Feasby have suggested that, clinically, natal and neonatal teeth are further classified according to their degree of maturity: (1) A mature natal or neonatal tooth is the one which is nearly or fully developed and has relatively good prognosis for maintenance; (2) The term immature natal or neonatal teeth, on the other hand, implies a tooth with incomplete or substandard structure; it also implies a poor prognosis.[15,16]

Diagnosis is made based on historical and physical examination. To avoid indiscriminate extractions and if it is possible, radiographic examination is carried out to rule out normal dentition or supernumerary teeth.[16] About 1 – 10% of natal and neonatal teeth are supernumerary and about 90 – 99% of them are early eruption of the normal primary deciduous teeth.[8,9,12,16] Several factors to consider before made the treatment plan whether to maintain the teeth in oral cavity or extract them are degree of tooth mobility, convenience during suckling, interference with breastfeeding, traumatic injury to the tongue, the tooth part of normal dentition or supernumerary, other systemic factors.[8,13,15–17] If the erupted teeth are not mobile, do not interfere with breastfeeding, asymptomatic, and diagnosed as a tooth of the normal dentition, these teeth should remain in the arch. Therefore, maintaining these teeth are the primary treatment option. If the tooth causing trauma, treatment such as smoothing the sharp edges is necessary.[10,11]

In some cases, the tooth may be mobile to the extent, which may require extraction to avoid displacement or aspiration.[11] It is safer to wait until a child is 10 day old before extracting the tooth. This waiting period before performing tooth extraction is due to the need to wait for the commensal flora of the intestine to become established and to produce vitamin K. It is required for the production of prothrombin in the liver and coagulation of blood. If it is not possible to delay the extraction, a consultation with paediatrician should be assessed, so they can assess if there is a need to administer vitamin K or not. American Academy of Pediatrics recommends single dose of 0.5 – 1 mg which is given intramuscularly to all newborn babies before extraction because it is essential for the formation of clots at the extraction site.[10,12,13,16,18]

4. Conclusion

Natal teeth are a rare condition in which a newborn presents with teeth at birth. Diagnosis is made based on historical and physical examination. The decision whether to maintain or extract the natal teeth should be evaluated in each case. If the natal teeth have complications or mobile it should be extracted to prevent the risk of aspiration and to make breastfeeding more comfortable.

Compliance with ethical standards

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Disclosure of conflict of interest

The authors declare that there is no conflict of interest regarding the publication of this document.

Statement of ethical approval

Ethical approval was obtained.

Statement of informed consent

Informed consent was obtained from patient included in the study.

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