Natal and neonatal teeth in children

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Introduction

As soon as the baby is born, in most countries, the pediatrician eventually evaluates possible alterations that might be relevant. Some alterations of the jaws can be identified at birth, such as cleft lip and palate. Another problem is the early appearance of teeth in the newborn. In general, the first tooth of a baby appears in the oral cavity approximately at six months of age, but could take up to 16 months to appear. However, when they erupt at birth, they are called natal teeth or around the first month of age are called neonatal teeth, (Figure 1) both being considered irregular conditions.2-4

The prevalence of natal/neonatal teeth varies depending on the different reports, with a range of 1:800 to 1:30000 cases (0.03%).1-4 The most common location is the mandibular arch (88%) affecting one tooth but generally involves the two lower central incisors. Girls are more affected. Approximately 95% of the teeth belong to the primary dentition while 5% are supernumeraries (extra teeth), reason to take an X-ray for a correct diagnosis.5

Natal or neonatal teeth usually lack enamel maturation (hypoplasia and/or hypomineralization) and an alteration in tooth size and shape.1-3 Its color appearance is a brown-yellowish-whitish-opaque1 (Figure 1) (Figure 2). The degree of mobility is one of the main concerns for parents and dentists. If the tooth is excessively mobile, it may spontaneously exfoliate; however, due to a theoretical risk of aspiration or swallowing, it should be electively re-moved. However, there are no reports of deaths from this condition.8 If the tooth is not very mobile, they should remain in the mouth, where they will gain strength and quality over time. Breastfeeding should not be a concern if the tooth has a slight mobility. Mother nipples are generally not affected. However, if bleeding occurs, extraction(s) could be considered.10-12

Riga-Fede is another condition which might prevent the baby from proper feeding and sucking. It consists of an ulceration of the ventral part of the tongue due to sharp edges of the natal or neonatal teeth and the thin oral mucosa1 (Figure 3). The treatment consists bringing the baby to the Pediatric Dentist who will smooth the edges followed by a fluorinated varnish will solve the ulceration.7 If extraction is decided, vitamin K should have been given to the baby to avoid bleeding.1,6,7,9 Also, care must be taken to prevent methemoglobinemia when topical anesthetics like benzocaine and prilocaine are used.9

Figure 1 Four weeks old infant with isolated natal Teeth.

Figure 2 Defect in form color and tooth size and shape of a neonatal tooth that remained in the mouth.

Figure 3 Riga-Fede. Note the ulceration.
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Conflict of interest

Author declares that there is no conflict of interest.

References


