

Natal teeth - Two Case Reports

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Abstract

Natal teeth are the teeth present in the mouth at birth where as neonatal teeth erupt during the first month of life. Occurrence of these teeth is rare and when they occur, they cause apprehension to parents. For centuries, these teeth have been associated with diverse superstition and folklore or myths.

The aim of this report is to describe two cases of natal teeth that were attended at the Paediatric dental clinic, School of Dentistry, Muhimbili University of Health and Allied Sciences (MUHAS) in the year 2013. Both children were satisfactorily managed. They were followed up regularly. At the most recent appointment one child was aged seven and the other eight months where both were growing normally.

Key Words: Natal teeth, eruption, newborn

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Introduction

Natal teeth are the teeth present in the mouth (erupted) at birth where as neonatal teeth erupt during neonatal period that is during the first month of life (1). Occurrence of natal and neonatal teeth is rare, prevalence varying from 1:2,000 to 1:30,000 (2-3). The natal and neonatal teeth are more frequently seen on the mandibular incisor region (85% cases are lower incisors) and are often bilateral (2, 4-7). The etiology of natal and neonatal teeth is poorly understood. Suggested hypothetical factors include genetic, endocrine disturbances, osteoblastic activity, infection, nutritional deficiency, febrile conditions of the mother during pregnancy and superficial position of the tooth germ (2, 5-7). Most of these teeth are part of primary dentition (3, 8). Clinically, natal or neonatal teeth present with variable shape and size. They may be smaller, conical or of normal size, appear yellowish grey/brown and may present with pronounced mobility. The teeth may cause ulceration on the ventral surface of the child's tongue or ulceration to the nipple of the mother's breast. Parents may report discomfort or difficulty in feeding or refusal to feed and may associate the condition with several symptoms and may lead to a number of myths and misconception (5-7). Radiographically the tooth consists of a hollow calcified cap of enamel and dentin without pulp tissue (3, 7). Microscopic examination of natal and neonatal teeth shows a hypoplastic to total absence of enamel in some regions (9) and irregular pattern of dentin (4).

Removal of natal and neonatal teeth is recommended when the teeth are poorly developed, interfere with feeding, are highly mobile and are associated with soft tissue growth (3, 4, 10). This mode of treatment is considered to avoid exfoliation risk that may result into aspiration, trauma to the child and the mother but also to avoid disturbance during feeding. In a recent review of literature, Kana et al (11) reported that extraction or maintenance of natal and neonatal teeth comprised the management options. After extracting a natal or neonatal tooth it is necessary to remove the underlying dental papilla and Hertwigs epithelial root sheath by gentle curettage. Otherwise, if left in situ, root development can continue. Prophylactic administration of Vit K (0.5-1.0 mg, i.m.) is recommended due to the risk of haemorrhage in children aged a few days (7). It has been reported that natal and neonatal teeth may develop and function normally (3). The aim of this report is to describe two cases that were managed at the Paediatric dental clinic, School of Dentistry, Muhimbili University of Health and Allied Sciences (MUHAS).

Case reports

First case

A female child from Kimara, Kinondoni District, Dar es Salaam who was born on 2nd March 2013 was attended on 25th March 2013 at the age of 24 days. She was brought by both parents accompanied by a relative. They all seemed apprehensive due to the condition.

The chief complaint was presence of two lower anterior teeth since birth, difficulty in breastfeeding, no weight gain and constant crying at night. The child was a first born by a co-habiting couple. There was no history of the same problem in family of either parent. The parents reported to have had several visits to different health centres for consultation on the same problem. They further informed that their relative (a medical personnel) advised them to come to our dental clinic for removal of the teeth because they were causing ulceration on the tongue and traumatizing the mother's breast. They further wanted assurance that their child's problem was not "nylon teeth". The family had been informed that teeth present at birth bring bad luck in the family, the involved child will have poor growth and that the teeth are the cause of many illnesses like fever and diarrhea. Both parents and the escortee were calmed down, given facts on natal and neonatal teeth and the misconception on "nylon teeth" cleared.

Intraoral examination

Two lower anterior teeth at positions of lower central incisors firm and with normal colour, shape and size (Fig. 1). A diagnosis of natal teeth was made. The child was considered to have been growing normally. There was no ulceration on the child's tongue or on the mother's breast.



Figure 1: Two natal teeth at the position of teeth 71 and 81

The mother was requested to breast feed the child. The child was seen to suck normally. It was decided to observe the teeth for possible development as part of the child's deciduous dentition on the basis of absence of mobility. Besides, there was no hindrance to normal sucking nor was there trauma to the child or the mother. The child was scheduled for follow up after two weeks for monitoring. In addition, regular phone contact was done for the mother's reassurance. At follow up visits the child was growing normally as

per her pantograph card. At the fifth visit when the child was aged 2 months and 2 weeks the oral hygiene was good, oral mucosa was normal but one of the teeth looked like it was pilling off. It was planned to extract the teeth on 13/6/2012 if the problem will persist. The child was brought earlier to the clinic on 20th May 2013 where the teeth had almost 3rd degree mobility. Extraction of both teeth was done under topical local anesthesia (Fig. 2). The child was discharged and planned for a next follow up visit at the age of 8-10 months during eruption time. At 8 months old the child was brought for follow up. She was healthy looking and the mother was content. Intraoral examination revealed a tooth emerging at the position of tooth number 81 (Fig 3) which has been so for a few weeks. The gum pads on the upper central incisors were bulged an indication for normal development of the upper central incisors. A plan was made to recall the child at the age of 1.5 years for observing eruption status of the deciduous dentition and make an X ray (PA) to evaluate presence of the permanent incisors. After an extensive discussion mainly responding to the mother's needs, the child was discharged and appointed to be brought to the clinic in June 2013 or any time in case of any urgent need.



Figure 2: After extraction of the natal teeth

Second case

The second child was also a female from Mbezi Salasala, Kinondoni District, Dar es Salaam who was born on 3rd April 2013. She was attended on 13th May 2013 at the age of 1 month and 10 days. The mother complained of presence of a tooth on the lower left anterior jaw since birth, difficulty in breast feeding and frequent crying. According to the mother, no history of the same problem in the family of either parent.

On examination the child was a healthy looking baby. One lower anterior tooth of normal colour

and not mobile was seen at the position of tooth 71 (Fig. 4). A diagnosis of natal tooth was made. During breast feeding there was poor sealing and a characteristic sound was produced. Breast feeding was done with no difficulty after demonstration.

As for the first case, it was decided to observe the teeth for possible development as part of the child's deciduous dentition. The mother was given facts on natal and neonatal teeth and reassured of cooperation from the attending clinicians in case of any unusual event. Recall after every two weeks for monitoring was planned.



Figure 3: Child aged eight months and 11 days old a tooth emerging at the position of 81

Two days later, on 15th May 2013 the mother phoned to inform that the tooth fell off during breast feeding. The tooth was recovered, unfortunately as it was being brought to the clinic, the mother was robbed her handbag, therefore the tooth was not delivered. When the child was three months old, the mother informed by phone that a tooth has emerged on the lower right side adjacent to the position of the tooth that was present at birth. The child was not brought to the clinic for follow up examinations.



Figure 4: A natal tooth at the position of tooth 71

At the age of seven months old the child was brought to the dental clinic for follow up. She was healthy looking and the mother had no complaint. Intraoral examination revealed a small, firm tooth at the position of tooth number 81 (Fig 5). The gum pads on the upper central incisors were bulged indicating normal development of the upper central incisors. It was felt that the deciduous dentition is growing normally. After a detailed discussion responding to the mother's queries, the child was discharged and appointed to be brought to the clinic in June 2013 or any time should there be an urgent requirement.



Figure 5: Child aged seven months and 10 days old with tooth 81 in position

Discussion

The two children being reported here were females. There is no unanimous agreement on sex predilection of the occurrence of natal and neonatal teeth, some authors report no sex difference (6) while others state a predilection for females (3). Both children being reported here had natal teeth a finding which is in line with other observations reporting that natal teeth occur more frequently than neonatal teeth (2, 6, 8). Moreover, literature reveals that natal teeth cause apprehension to parents, but the reported children were not instantly brought to the dental clinic for consultation. Probably the parents sought alternative treatment before consulting a dentist or maybe a decision to seek dental consultation was a result of regular pressure from families, other relatives and friends.

Milestones in a child such as the first word, first tooth and first footstep are generally a joy to the family. The first tooth usually appears in the oral cavity at the age of 6 to 8 months. When the first tooth is present at birth or if it erupts within the first month of life (natal or neonatal teeth) parents get worried. They receive diverse advice and

comments. Often such advices are not without misconception. Parents of the first child for example were told that teeth present at birth bring bad luck in the family, the involved child will have poor growth and that the teeth are the cause of many illnesses like fever and diarrhoea. The parents were thus apprehensive at the beginning and were scared if their child's teeth would not be immediately removed. In particular they needed assurance as to whether their child had what is known as "nylon teeth". The term "nylon teeth" explains the belief and practices associated to the belief that the un-erupted primary canine tooth buds cause vomiting, diarrhoea and fevers in infants and is potentially fatal. Furthermore, it is thought that worms infest the tooth bud and that enuciation or gouging of the tooth bud ("nylon tooth") is necessary to cure the child of his/her symptoms (12, 13). Because of its nature, any abnormality in the mouth of a new born child in East African communities is often thought by parents to be a "nylon tooth". Associating natal and neonatal teeth with superstition and folklore or myths is not specific for African communities since it has been reported in other societies as well (2, 5, 7).

In the late 90s, Goncalves et al (3) suggested that teeth with good support need not to be removed since they will probably compound the deciduous dentition. A few years later Cunha et al (10) recommended that a 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. They furthermore stated that radiographic examination is an essential tool and that periodic follow up is of fundamental importance. These views are supported by El Khatib (8) and Mhaske et al (6). Recently Kana et al (11) called for further research, under specific scientific preconditions, to provide an evidence-based treatment for patients and to determine the prevalence of natal and neonatal teeth more precisely.

All aspects recommended for consideration when deciding a mode of treatment were carefully considered while managing the two reported cases. After managing the psychosocial aspects of the presenting problem, a decision was made to take a conservative measure that is not to extract the teeth. Radiographic examination has been planned at a later age. After lengthy discussions all queries arising from parents of both children were answered, the parents were convinced and willingly calmed down. The children were managed as per plan and parents of both children attended most follow up visits contrary to the common breach of follow up appointments for other dental problems

that is observed among Tanzanian patients. The children will be followed up until eruption of the permanent dentition.

Conclusion and recommendation

The rarely occurring natal teeth cause apprehension to parents and families. The teeth are associated with superstition and folklore or myths. Two children with natal teeth were managed satisfactorily and their parents' worries cleared. It is recommended that Paediatric dentists should be empowered to manage both the clinical and psychosocial aspects of natal and neonatal teeth.

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