

Neonatal tooth associated with gingival abscess- A case report

Nidhi Agarwal¹, Gundeep Kaur Madan^{2*}, Aakansha Sharma³, Tanya Agarwal⁴

¹HOD, ²⁻⁴Post Graduate Student, Dept. of Pedodontics and Preventive Dentistry, Institute of Dental Studies and Technologies, Modinagar, Ghaziabad, Uttar Pradesh, India

***Corresponding Author: Gundeep Kaur Madan**

Email: gundeepmadan@gmail.com

Abstract

The teeth present at birth or within the first month are termed natal and neonatal teeth respectively. In the present case the parents of a 20-day old boy reported with swelling in the mandibular anterior region, associated with abscess which was subsequently drained and later on a neonatal tooth erupted in this region which was extracted. Natal and neonatal teeth although rare may be seen associated with pathologies; the management of which should be done after careful observation and examination. This paper represents a case report and the importance of knowledge among pediatric dentists related to natal/neonatal teeth.

Keywords: Abscess, Case management, Infant care, Neonatal tooth, Oral health.

Introduction

The teeth existent at the time of birth are natal teeth whereas those that erupt within one month of birth are neonatal teeth. The incidence of neonatal and natal teeth ranges from 1:2000 to 1:3500.¹ The natal teeth are more frequently seen than the neonatal teeth with the ratio 3:1.² These are most commonly seen in mandibular central incisor region followed by maxillary incisors.³

Natal and neonatal teeth are accompanied by various difficulties such as discomfort on suckling and refusal to feed.⁴ The most commonly associated complication of the natal teeth is traumatic ulceration seen on ventral surface of tongue or lip and is known as Riga Fede disease.

The natal and neonatal teeth have variable shape and size from small, conical to normal primary teeth. Utmosttime they are small, loose, discolored and hypoplastic in nature.² Most commonly, these teeth are primary teeth (90%-99%), only scarcely (1% to 10%) of neonatal and natal teeth are supernumerary.⁴ They are usually adhere to the oral mucosa in varying degrees depending on the root formation.⁵ This leads to their mobility and is associated with high risk of swallowing/aspiration.⁶

Case Report

Parents of a 20-day old baby boy reported to the department of Pedodontics and Preventive Dentistry, with the chief complaint of swelling on the lower jaw of their newborn baby, due to which he was unable to breastfeed. The parents gave the history that there was no pathology at the time of birth, the swelling had erupted only 3-4 days back. On intra-oral examination, a soft, edematous, abscess was seen in the anterior mandibular region. The surface of the abscess appeared shiny, white and ready to drain (Fig. 1). After application of topical anesthesia, 2% Lignocaine with adrenaline was infiltrated locally, and the abscess was subsequently drained with the help of a sterilized probe. After draining, a hard tooth could be felt under this region. The patient was allowed to leave but recalled after 1 week.

After 7 days, the patient reported back to the department and a tooth was found to have been erupted at the place of the abscess (Fig. 2a). This neonatal tooth had Grade III mobility, however, at this time there was no swelling associated with it. As risk of aspiration of such teeth is high, hence, a decision of extraction of the tooth was made. 2% lignocaine with adrenaline was used for local infiltration after application of topical anesthesia and the tooth was extracted (Fig. 2b), post-operative hemostasis was achieved (Fig. 2c). There was no root formed seen in the extracted tooth (Fig. 2d). The socket was thoroughly currettaged to assure that no odontogenic remnants are left. The patient was kept on follow up and on subsequent visit, the arch was completely healed (Fig. 3).



Fig. 1: Showing lower lingual swelling with gingival abscess

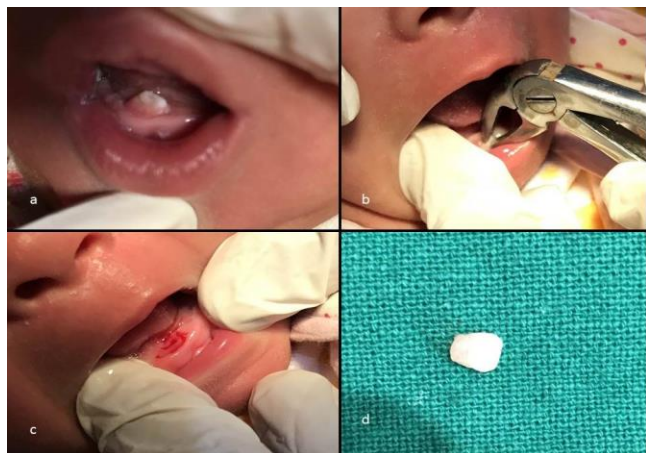


Fig. 2: (a): Neonatal teeth seen in the anterior mandibular region; (b): Extraction of the neonatal teeth; (c): Post-operative homeostasis achieved; (d): Extracted neonatal teeth



Fig. 3: 1 month postoperative

Discussion

The presence of neonatal and natal teeth in the oral cavity of a neonate requires certain fundamental considerations to be followed. It is difficult to ascertain whether the tooth/ teeth in consideration is a prematurely erupted primary tooth or a supernumerary. The mobility of the teeth, root formation and the current age of the child are few of the factors that are looked upon while deciding whether to extract the teeth or not.³ If the teeth are not mobile then retention of the teeth in the oral cavity is the primary treatment so as to avoid the future space problems, and esthetic concerns. Extraction of such teeth is indicated only in cases of hypermobility which is more than 1mm and with high chances of aspiration.² Another reason to extract such teeth is to alleviate the feeding difficulties and to prevent from ulcerating conditions like Riga Fede disease.⁷ Till date there is no exact etiology found for this condition, however, its relation with certain factors like nutritional deficiency, endocrine disturbances and environmental factors like polychlorinated biphenyls (PCBs), dibenzofurans (PCDFs), and heredity are seen.² In the current case, the child was born full term by

caesarian delivery and was not related with any underlying abnormal medical history .

At times, the neonatal/ natal teeth can be left non-extracted, if they are not associated with any pathological findings and do not interfere with the feeding. In such a case, the incisal edges of the teeth shall be smoothed to aid in proper feeding and avoid the injury to maternal breasts and infant's tongue.⁸ The use of feeding splint for such condition was first advocated by Bjuggren.⁹ Another modality is covering of the incisal portion of the tooth with composite resin material.¹⁰

Conclusion

Neonatal teeth may at times be associated with other pathologic lesions. Careful examination, diagnosis and management of these teeth is important for the pediatric dentists as although the incidence is low, yet, when encountered deserves appropriate care and attention.

Clinical Significance

Presence of natal or neonatal teeth is alarming for the parents. A pediatric dentist should have knowledge about the presenting illness and management strategies of these teeth.

Conflict of Interest: None.

Source(s) of Support: None.

References

1. Chow MH. Natal and Neonatal teeth. *J Am Dent Assoc* 1980;100:215-6.
2. Mhaske S, Yuwanati MB, Mhaske A, Ragavendra R, Kamath K, Saawaran S. Natal and Neonatal Teeth: An Overview of the Literature. *ISRN Pediatr* 2013;956269:1-11.
3. Patil A, Shigli AL, Mehta SD, Zaparde NN. Natal Tooth-An Overview and A Case Report. *Dent* 2017;7:1-5.
4. Rao RS, Mathad SV. Natal teeth: Case report and review of literature. *J Oral Maxillofac Pathol* 2009;13:41-6.
5. Naik SV, Naik DS, Nandini DB, Deepak BS. Neonatal teeth - A case report with review of literature. *J Adv Clin Res Insights* 2018;5:84-7.
6. Anegundi RT, Sudha R, Kaveri H, Sadanand K. Natal and neonatal teeth: a report of four cases. *J Indian Soc Pedod Prev Dent* 2002;20:86-92.
7. Sharma N, Chander S, Soni S, Singh S, Chaudhary MG. Riga-Fede Disease Due to Neonatal Tooth: A Case Report. *IntJ Oral Maxillofac Pathol* 2012;3:43-4.
8. Malki GA, Al-Badawi EA, Dahlan MA. Natal Teeth: A Case Report and Reappraisal. *Case Rep Dent* 2015;147580:1-4.
9. Maheswari NU, Kumar BP, Karunakaran, Kumaran ST. "Early baby teeth": Folklore and facts. *J Pharm Bioallied Sci* 2012;4:S329-33.
10. Choi SC, Park JH, Choi YC, Kim GT. Sublingual traumatic ulceration (a Riga-Fede disease): report of two cases. *Dent Traumatol* 2009;25:e48-50.

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