

# Natal and neonatal teeth

## Dentes natal e neonatal

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Figure 1. Natal teeth, mandibular central incisors



Figure 2. Riga-Fede lesion due to constant trauma by a natal tooth

Normally, first deciduous tooth eruption in the oral cavity occurs when the child is approximately six-month old. However, one or more teeth may be present at birth and are called natal teeth (Figures 1 and 2). There are cases of eruption of one or more teeth in the oral cavity during the period between birth and one month of age, and these are known as neonatal teeth. Several descriptions have been used for natal teeth. Some terms, such as congenital, fetal, predeciduous and early teeth have also been described<sup>(1)</sup>.

The occurrence of natal teeth is relatively rare with a frequency of one case for each 2,000 births<sup>(2)</sup>. Natal teeth are found more frequently than neonatal teeth in a proportion of three to one<sup>(1)</sup>. The teeth most often associated with this anomaly are the mandibular central incisors followed by the maxillary central incisors. And more rarely, there are reports of eruptions of canines and molars<sup>(2)</sup>. In roughly 95% of cases, they

are teeth from normal series and not supernumerary teeth<sup>(3)</sup>. The diagnosis of abnormal number of teeth is performed by radiography.

In relation to morphology, these teeth might have shape and size within normal standards; however, there are reports of microdontia and conoid teeth with opaque yellow color. In respect of structure, some authors reported that the enamel might be hypoplastic. In the dentin, a large interglobular area is observed with dentin tubules irregularly organized<sup>(4)</sup>. Generally the root is absent or poorly developed<sup>(5)</sup>.

Many theories have been proposed to explain the etiology of premature eruptions of teeth: increased eruption rate during or after fever, endocrine disorders, dietetic deficiencies, effects of congenital syphilis, superficial position of tooth germ, family history and association with some syndromes, such as chondroectodermal dysplasia<sup>(3,6)</sup>.

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Clinically, these teeth show a great mobility due to the initial stage of root formation. Spouge and Feasby<sup>(7)</sup> suggested that natal and neonatal teeth might be classified according to the level of maturity. A mature natal or neonatal tooth is completely or almost developed and has a relatively good prognosis for maintenance. The term immature natal or neonatal tooth is associated to a structurally incomplete tooth resulting in poor prognosis.

Ideally, the mature natal or neonatal teeth should be kept in the oral cavity since their extraction may cause loss of space hindering or preventing the eruption of permanent teeth. Extracting teeth presenting excessive mobility may be indicated as a way to prevent swallowing them or, an even worse situation, their aspiration<sup>(8)</sup>. But, this accident has not been described in the literature yet<sup>(9)</sup>.

The presence of natal and neonatal teeth may lead to forming a traumatic ulcer in the ventral surface of the tongue, which is known as Riga-Fede disease. The pain caused by this injury may result in dehydration and difficult breast feeding, besides increasing the likelihood of infections in the area. The incisal scaling

of these teeth using a finishing bur or a grinding disk is considered a conservative treatment<sup>(10)</sup>.

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