

Unusual case of multiple natal teeth

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Natal teeth are defined as teeth that are present in the mouth at the birth, and the occurrence is rare. In the literature, few reports have described cases with involved multiple elements. This article describes an unusual case of a newborn with eleven natal teeth that belong to the primary dentition and the therapy utilized.

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INTRODUCTION

Natal teeth are defined as any teeth present at the birth.¹ Terms such as pre-deciduous teeth, praecox dentition, fetal teeth and congenital teeth have been used to refer to this condition.²⁻⁴ However, the most useful classification is that described by Massler and Savara¹ that consider the period of teeth eruption: at the birth (natal teeth) or in the first thirty days of life (neonatal teeth). Otherwise, these teeth can be a component of the primary dentition or a supernumerary one.⁵ Approximately 90% of natal teeth are of the normal series, while the others are supernumeraries.³

The incidence of natal teeth range from 1:2000 to 1:3500 live births,⁶ with females, in general, being more affected.^{2,7} Most of natal teeth are localized in the mandibular incisor region, probably because the mandibular incisors are normally the first teeth to erupt.⁶ According to Bordenhoff and Gorlim,³ 85% of these teeth are mandibular incisors. Natal teeth localized in the molars region, although extremely rare, have also been reported.^{6,8,9} The most frequent number of involved elements is one or two.¹⁰⁻¹⁴ The presence of natal teeth associated with other systemic disorders like pachyonychia congenital (Jadassohn-Lewandowsky Syndrome), chondroectodermal dysplasia, ocu-

mandibulo-dyscephaly with hypotrichosis and others problems like cleft palate or lip have been reported.^{3,15}

Various etiologies have been suggested for the natal teeth such as endocrinological disturbances, nutritional deficiency, congenital syphilis, and even fever of the mother during pregnancy also has been proposed.¹⁶ However, the most acceptable etiology is the initial superficial position of the tooth germ, which may be related to hereditary factors.¹⁶

The clinical appearance is characterized by small immature conical dental structures with an undeveloped root that cause, in some cases, great mobility.^{5,17} The histological investigation of natal teeth showed that the enamel appeared to be hypoplastic, with large inter-globular areas in the dentin. The distribution of the dentinal tubules is somewhat irregular and there are cell inclusions in the dentin of the cervical area.^{8,14,18}

The treatment proposed for natal teeth depends on several factors. The first one is if the tooth is a supernumerary tooth, then extraction is the treatment of choice.¹⁹ Excessively mobile teeth are usually extracted too, because the risk of early exfoliation, aspiration or swallowing during feeding.²⁰ Other conditions that may be considered are the possibility to cause ulceration of the tongue, condition known as Regae-Fedes disease;¹⁹ laceration of the nursing mother's nipples;⁷ and the discomfort from the mobile teeth that can lead the infant to refuse feeding.⁷ In the cases where the natal tooth is of the normal series and there are no complaints, the best option treatment is to maintain the tooth in the oral cavity with monitoring recall visits.

The purpose of the present article is to report a rare condition of eleven natal teeth that are of the normal primary dentition and the treatment proposed.

CASE REPORT

A 24-days-old white male child was referred to the Department of Pediatric Dentistry of Universidade do Brasil (UFRJ) by his pediatrician with chief complaint of multiple teeth present at the birth. The child

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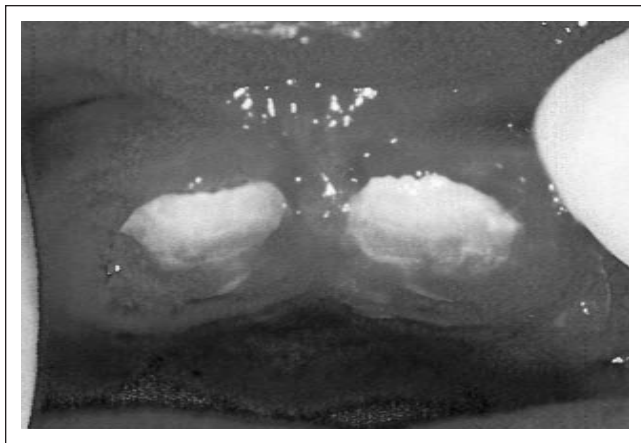


Figure 1. Two incisors natal teeth at maxillary anterior area.



Figure 2. Molar natal tooth at right mandibular ridge.

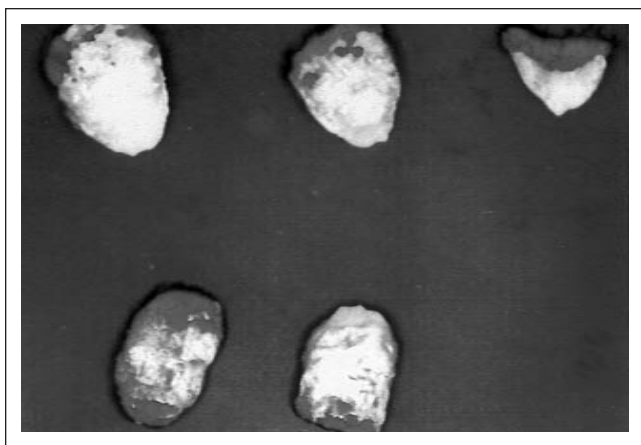


Figure 3. Natal teeth removed at the birth. The mother had only five of eight natal teeth extracted.

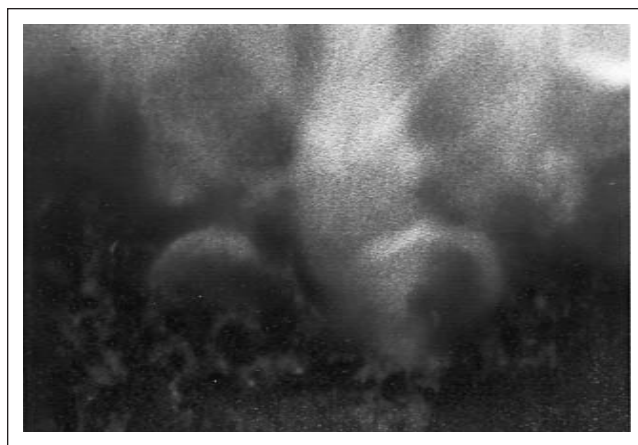


Figure 4. Radiographic aspect of two incisors natal teeth. There were not roots formation and they were part of normal series.

was born by cesarean delivery, after a normal pregnancy with just a urinary infection episode in the first three months. The mother had not taken any medications during the pregnancy and there were no abnormal health findings with her son up to this first consultation. A familial history of natal teeth, involving the father and grandfather was elicited, but without a high number of natal teeth. The mother has not complained about the difficulty to breast-feed. The oral hygiene of the infant was done with a wet cloth once a day, following instruction that had been given by the pediatrician.

Oral examination revealed three natal teeth on the maxillary and mandibular ridges. Two of them were located on the anterior area with clinical appearance of incisors (Figure 1), and one was posterior with anatomical aspect of molar (Figure 2). The teeth were hypocalcified, with color varied from milky white to gray-white, without mobility. The mother reported that the others teeth were extracted at the birth by the obstetrician due to extreme mobility and the risks of aspiration or swallowing during feeding (Figure 3).

The soft tissue examination did not reveal Rigae-Fedes syndrome. The oral hygiene was not efficient because the surrounding gingival tissue was mildly inflamed. The radiograph exams showed deficient root development and they were part of the primary dentition (Figure 4). The definitive diagnosis was natal teeth.

The proposed treatment was the control of the teeth, to effect the oral hygiene and the breast-feeding. The case was monitored by monthly consultations.

In the first recall, the oral exam revealed the exfoliation of the molar natal tooth and the two maxillary incisors were extremely mobile. Parents were consulted and advised of the need to extract these teeth due to severe mobility and potential of early exfoliation and aspiration. Parents agreed and the natal teeth were extracted with local anesthetic.

The patient tolerated the procedure well and the post-operative period was without complications. The patient returns every month for follow-up completing the primary dentition, when a better choice of treatment will be made for this child.

DISCUSSION

The presence of teeth at the birth or within a month post delivery is a rare condition.¹² According to the literature, natal teeth affecting cuspids and molars have been reported by a few authors.^{8,9,11,12} The present report is an uncommon condition due to the presence of molar natal teeth, and involved multiple elements, which have been just reported by Masatomi *et al.*⁸ and Gonçalves *et al.*²¹ yet.

Many theories have been proposed to explain the possible etiology of the premature eruption of these teeth. Allwright² reported a set of twins with natal teeth, and Hyatt²² presented a case of a family with eight children, five of whom had natal teeth. The child in the present case has not showed any systemic disorders. According to the mother reported, the father and grandfather presented the same condition, but with few teeth, revealing a familial trait of this manifestation.

In most instances, natal teeth are poorly developed with hypoplastic enamel and dentin, poor in texture, and have poor or absent development of roots. Rusmah⁵ observed in his study about clinical and histological characteristic of natal and neonatal teeth showed that the teeth have a normal size and shape, although they reveal an immature appearance, with enamel hypoplasia and small root formation. These findings corroborated with our case, except with molar teeth that presented a smaller size than the normal.

The radiographic examination is essential to determine the amount of root development and to confirm whether the erupted teeth belong to the primary dentition or not, which will have fundamental influence on the treatment choice.¹²⁻¹³ Other conditions that must be analyzed before a decision about the treatment can be made include: excessive mobility²⁰ and discomfort to the infant and to the mother.^{7,19} The treatment of the pediatrician to extract the teeth at the birth was correct because of the risk of aspiration or swallowing due to mobility.

However, our first option was to maintain the others because any kind of discomfort was related and the teeth are primary dentition. Information about oral hygiene was also given since these elements are risk factors for dental caries because of the hypoplastic enamel.⁵ Up to the moment that one tooth exfoliated and the rest of them showed high mobility, the treatment was to remove the two incisors after permission was given by the parents.

Kates *et al.*²³ observed that the natal teeth are lost in the first 4 months, since these teeth become increasingly mobile because the lack of the root structures. When natal teeth survive beyond four months, they have a good prognosis. This finding has not been observed in the child of the present case, who lost the

natal molar tooth in the first month and the others teeth had severe mobility after two months.

It must be considered that although extremely rare, multiple natal teeth is a condition of fundamental importance to the pediatric dentistry and pediatricians since that it could cause numerous problems to primary dentition development. This child must be monitored to restore the function and esthetics of the normal primary dentition, since eleven of twenty primary teeth were lost in the first months of life.

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