

Natal and Neonatal Teeth: A Brief Review

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Received: November 26, 2018; **Published:** August 29, 2019

Abstract

Primary teeth start to form in the sixth week intrauterine by the formation of teeth germs. Despite this early formation of these germs, the eruption time of the first primary tooth is at the age of 6 months of life. However, some infants are born with natal teeth and others develop neonatal teeth, which erupt during the first 30 days of life. The aim of this review is to discuss the prevalence of such phenomena, complications associated with these teeth and the proper dental management. Moreover, the review discussed the theories suggested to explain the premature eruption of the teeth. The review concluded that the prevalence of such phenomena is rare with a prevalence around 1 - 2500 to 1 - 3000 per birth and genetic predisposition and the superficial eruption of primary teeth were considered as the most acceptable causative factors. The management of these teeth in most cases is dental extraction especially when the teeth are mobile with a risk of aspiration or when it interfere the feeding of the baby. However, the dentist should ensure that effective hemostasis can be achieved and must consult pediatricians in cases where dental extraction will be performed in infants younger than 10 days.

Keywords: *Natal Teeth; Neonatal Teeth*

The development of the human face starts in the fourth week intrauterine when the five facial prominences, which are the frontonasal, paired maxillary and paired mandibular prominences start to proliferate to form the facial structures. Following the initiation of the formation of the face, primary teeth start to form in the sixth week intrauterine by the formation of teeth germs. Despite this early formation of these germs, the eruption time of the first primary tooth is at the age of 6 months of life [1]. However, some infants are born with natal teeth (Figure 1) and others develop neonatal teeth, which erupt during the first 30 days of life based on the classification developed by Massler and Savara in 1950. The prevalence of such phenomena is rare where it ranges between 1:2000 to 1:3500 with natal teeth being three times more common than neonatal teeth [2]. Around 80% of these teeth erupt in the mandibular arch and girls are more likely to develop natal and neonatal teeth than boys do. Around 95% of these teeth were actually the primary incisors erupting prematurely and in 5% of the cases were supernumerary teeth [3]. Posterior natal and neonatal teeth were reported at lower prevalence and mostly associated with systemic diseases and syndromes such as histiocytosis X and Pfeiffer syndrome (American Academy of Pediatric Dentistry Reference Manual 379).

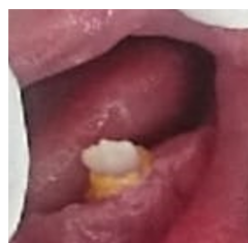


Figure 1: *Natal tooth in a 10 days old girl.*

Conclusion

Many theories were suggested to explain the premature eruption of these primary teeth. However, to date no study was able to find a clear causal relationship with any of the suggested causes. Leung, et al. suggested that the location of these teeth germs and the genetic predisposition are the most acceptable causative factors [4]. As mentioned earlier, most of these teeth are actually the primary incisors, which make the decision to extract them difficult on the family. However, most of these teeth present with some grade of mobility imposing the risk that an infant might aspirate these loose teeth compromising the airway. Moreover, these mobile teeth might interfere with the infant feeding or result in the development of Riga-fede disease, which is a traumatic ulceration of the tongue or oral soft-tissues secondary to traumatic contact with the teeth. If after conducting a risk-benefits analysis a decision to extract these teeth is taken, the dentist should wait at least for ten days post-delivery to ensure that effective hemostasis can be achieved [5]. In some cases the teeth are very loose and the risk of aspiration is high, which necessitate an urgent extraction, the dentist should consult a pediatrician about the risk of bleeding and the parents must be informed about it and consented for such procedure [6].

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Volume 8 Issue 9 September 2019

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