Case Report

Natal teeth: a case report

Gabkika B Madoue, MD*, Souam N Silé, MD**, Toralta Joséphine, MD**, Founsmou Lhagadang, MD*, Zeinab D Kineiffour, MD*, Nom-Osso Dara, MD*

Department of Gynaecology and Obstetrics*, Department of Paediatrics**, N’Djamena Mother and Child Hospital, Chad

Summary
A case of natal teeth was diagnosed in a newborn male in the Department of Gynaecology, Obstetrics and Pediatrics of N’Djamena Mother and Child Hospital. The mother had decided to keep breast-feeding and refused the option of extracting the teeth. Minor complications like discomfort during suckling and irritation of the mother’s breasts were quoted.

Keywords: Natal teeth, foeto-maternal prognosis.

Introduction
Normal eruption of primary teeth begins with the eruption of mandibular incisors at around 6 months of age(1). Teeth that are present at birth are called natal teeth, and teeth that emerge through the gingiva during the first 4 weeks of life are called neonatal teeth(2). The presence of teeth in newborns is uncommon, varying from 1:6000 to 1:800 cases, occurring in general with incidences of two or three teeth(3). The normal eruption of the first teeth is quite exciting but their occurrence at birth is quite disturbing because of societal unpleasant reaction towards it in some communities and calls for concern(4). The folklore and misconception surrounding natal teeth vary in some cultures like Malaysian communities, a natal tooth is believed to herald good fortune; in others, its occurrence is considered bad

Case presentation
Natal teeth were diagnosed in a male newborn in the Department of Gynaecology, Obstetrics and Pediatrics of N’Djamena Mother and Child Hospital. The delivery was a normal vaginal delivery and the perinatal history was normal. Extraoral examination showed a symmetrical face with no lymphadenopathy. Intraoral examination revealed crowns of two teeth in the mandibular anterior region, of small size. The lips, gingivae palate, tongue, floor of the mouth, and buccal mucosa were clinically normal in appearance (Fig. 1). The newborn was given to her mother for breast-feeding. At the beginning the mother hesitated to carry her newborn saying that he was a monster. The examination during the 7th day post partum revealed no ulceration on the ventral surface of the tongue nor on the maternal breast; only a discomfort during suckling.

Corresponding author
Gabkika Bray Madoue
Email: kickbray@yahoo.fr

Figure 1: Newborn in the delivery room (Credit Bray)
Discussion
Tooth eruption follows a chronology corresponding to the date when the tooth erupts into the oral cavity. This date has been established in the literature and is subject to small variations depending on hereditary, endocrine and environmental features. At times, however, the chronology of tooth eruption suffers a more significant alteration in terms of onset, with the possibility that the first teeth will be present at birth or arise during the first month of life\(^6\). Eruption of the lower deciduous incisors is normal at birth in many mammals, natal teeth are rare in humans\(^7\). The etiology of natal and neonatal teeth remain undetermined; however, it was suggested to be related to various factors, including superficial position of the tooth germ, increased eruption rate due to pyretic incidents, hormonal stimulation, developmental abnormalities, syndromes, heredity, and osteoblastic activity within the germ zone related to the remodeling phenomenon\(^1,8\).

The diagnosis of these teeth was done based on a complete history, physical examination of the infant, and by clinical and radiographic findings to rule them out, being part of normal dentition or supernumerary. In this regard, the diagnosis of natal teeth was obvious, the teeth were clearly seen during intraoral examination\(^9\). Complications that have arisen from the presence of natal teeth included were discomfort during suckling, laceration of the mother's breasts, sublingual ulceration with resultant feeding refusal, and aspiration of the teeth. Minor complications like discomfort during suckling and the irritation of the mother's breasts have been quoted in our case. This can be explained by the mother determination on keeping breast-feeding and the refusal of teeth removal\(^8\).

The presence of natal and neonatal teeth may be a source of controversy on the treatment plan. In deciding whether to maintain these teeth in the oral cavity, some factors should be considered, such as implantation and degree of mobility, inconveniences during suckling, interference with breastfeeding, possibility of traumatic injury and whether the tooth is part of the normal dentition or is a supernumerary\(^10\). The maintenance of these teeth in the mouth is the first treatment option, unless this would cause injury to the baby\(^11\). When the tooth is not mobile, these teeth should be left in the arch and their removal should be indicated only when they interfere with feeding or when they are highly mobile, with the risk of aspiration\(^10\). The mother’s opinion about the teeth removal and the minor complications were the cause of the factors behind keeping these teeth in place.

In conclusion, the presence of teeth in newborns is uncommon. The diagnosis of these teeth is made based on a complete history, physical examination of the infant, and by clinical and radiographic findings. The maintenance of these teeth in the mouth is the first treatment option, unless this would cause injury to the baby or the mother.

Conflict of interest
All authors approved the submission of this article. There are no conflicts of interest.

Funding
No funding was obtained during the preparation and drafting of this article.

Consent
For this work has received the consent of the director of N’Djamena Mother and Child Hospital (Chad) and the consent of newborn’s parents.

References