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Riga-Fede Disease and Natal Tooth Extraction: A Case Report

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ABSTRACT

Introduction: Occurrence of natal teeth are extremely rare and the commonly seen teeth are lower primary incisors, which generally occurs in pairs. The natal tooth seen is early eruption of deciduous incisors. The prevalence of natal and neonatal teeth reported ranges from 1:2,000 to 1:3,500.

Case Report: A 32-day-old male infant was referred to the OPD of DY Patil Dental College and Hospital with a complaint of one tooth in the lower jaw at birth. Clinical evaluation showed presence of one tooth in the mandibular anterior region with Grade I mobility. Moons probe was used to relieve the gingival margin. Primary anterior mandibular forceps was used to extract the tooth. Patient was evaluated after one week, healing was uneventful. No difficulty in breast feeding was reported by the mother. No history of fever was reported by the mother one week after the day of extraction. Complete resolution of Riga-Fede on the ventral aspect of the tongue observed one week after the day of extraction.

Conclusion: Follow up is essential for treatment of natal teeth along with parent counselling to bring about awareness eliminating misconceptions surrounding natal teeth.

Key Words: Natal teeth, Yellowish-brown discolouration, Deciduous incisors, Neonatal teeth, Misbeliefs and superstitions, Mandibular anterior region

INTRODUCTION

Occurrence of natal teeth are extremely rare and the commonly seen teeth are lower primary incisors, which generally occurs in pairs. The natal tooth seen is early eruption of deciduous incisors. The prevalence of natal and neonatal teeth reported ranges from 1:2,000 to 1:3,500.^{1,5}

There are misbeliefs and superstitions surrounding the presence to natal teeth. In a few countries, the presence of natal teeth is often associated with misfortune and demons. According to Chinese tradition, it is often associated as a bad omen for girls.

Common problems associated with natal teeth are risk of exfoliation and swallowing or aspiration, discomfort during feeding, ulceration of soft tissues, aspiration of the tooth, laceration or any injury of the mother's breast.

CASE REPORT

A 32-day-old male infant was referred to the OPD of DY Patil Dental College and Hospital with a complaint of one tooth in the lower jaw at birth. History of one more natal tooth was given by the parents which reportedly exfoliated without any intervention 1 week after birth. Difficulty in breast feeding was reported. The patient was being fed by a small steel spoon.

Clinical evaluation showed presence of one tooth in the mandibular anterior region with Grade I mobility. The gingiva around the tooth was firm pinkish in colour. The crown was whitish opaque in colour. Presence of ulceration suggesting of Riga-Fede was seen on the ventral aspect of tongue with respect to the crown of the tooth. Natal tooth was diagnosed after clinical examination.

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PRE OPERATIVE
NATAL TOOTH ON LOWER ANTERIOR REGION



RIGA FEDE ON THE LOWER ASPECT OF TONGUE

Extraction was done on the same day under topical anaesthesia (2% lignocaine gel).

Moons probe was used to relieve the gingival margin. Primary anterior mandibular forceps was used to extract the tooth. Pressure applied at the extraction socket with gauze till bleeding was arrested.



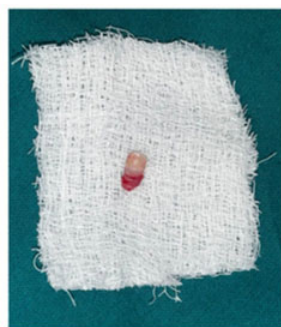
APPLICATION OF TOPICAL ANESTHESIA



POST EXTRACTION IMAGE

The mother was asked to breast feed the patient after the extraction.

Paracetamol infant drop (0-2 years) were prescribed only if the infant has difficulty during feeding.



EXTRACTED NATAL TOOTH

Patient was evaluated after one week, healing was uneventful. No difficulty in breast feeding was reported by the mother. No history of fever was reported by the mother one week after the day of extraction. Complete resolution of Riga-Fede on the ventral aspect of the tongue observed one week after the day of extraction.

DISCUSSION

Massler and Savaral have defined tooth/teeth present at birth as natal teeth and teeth erupting during the first month of life as neonatal teeth.⁴

Clinical presentation of the natal teeth is small/conical or of normal size of deciduous dentition. Natal teeth may be associated with enamel hypoplasia and exhibit a yellowish brown discolouration. Generally they are whitish opaque in colour. They are generally seen attached to the soft tissue above the alveolar ridge. The overall dimensions of the crown of these teeth are smaller than those for the primary teeth under normal conditions.³

Classification of natal teeth according to Spoug and Feasby (1966) suggested, clinically natal and neonatal teeth be classified according to the degree of maturity.

1. A mature natal / neonatal tooth is one which is nearly or fully developed and has relatively good prognosis for maintenance.
2. Immature natal or neonatal tooth, implies a tooth with incomplete or substandard structure; it implies poor prognosis.

Riga-Fede associated with natal and neonatal extraction is seen to reduce within one week of extraction of the teeth. Other treatment modality for Riga-Fede include rounding off the incisal edges of the tooth of interest.

Management of natal teeth depends upon numerous factors. In case of supernumerary teeth, extraction is advised. Removal of natal teeth is indicated when they are poorly developed, and infant has difficulty with feeding, highly mobile and risk of aspiration, and cases with ulceration.²

Administration of vitamin K (0.5—1.0 mg, IM.) as a prophylactic measure is advised because of the risk of haemorrhage until the child is 10 days old. In the above case report administration of vitamin K was not advocated as the age of the patient was 32 days.

CONCLUSION

Infants with natal and neonatal teeth must be examined for further treatment planning. Follow up is essential for treatment of natal teeth along with parent counselling to bring about awareness eliminating misconceptions surrounding natal teeth.

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