

## Multiple natal teeth: A rare case report

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### ABSTRACT

A rare case report of multiple natal teeth in both maxillary and mandibular dental arches in a 21-day-old baby and its management is being presented here.

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Developmental milestones are anxiously awaited by every parent, particularly in the first year of their child's life. One such milestone is the eruption of their child's first tooth. Any untoward incident in this regard may be a cause of worry for the parents, more so, if it is a natal tooth which compromises in child's feeding. According to Massler and Savara (1950), natal teeth are those teeth that are present at the time of birth and neonatal teeth are those that erupt within 30 days of life.<sup>[1]</sup> In most instances, natal teeth are poorly developed with hypoplastic enamel and dentin, poor in texture, and have a poor or absent development of roots. Multiple natal teeth are extremely rare.<sup>[2]</sup> The purpose of this paper is to present one such case where three natal teeth and several elevations in the dental arches with palpable tooth structures were present in the maxilla as well as in the mandible at the time of birth.

### CASE REPORT

A 21-day-old female baby was brought to our department by her parents with the chief complaint of multiple teeth in both upper and lower jaws. At birth, the baby appeared to be normal except for multiple teeth and elevations in the dental arches. There was no familial history of any similar oral manifestation. There were no abnormal findings in routine examination. On intraoral examination, it was seen that

there were three erupted natal teeth in the anterior maxilla [Figure 1] and multiple elevations in the posterior maxilla and mandible [Figures 2 and 3]. The structures were smaller in overall dimensions as compared to the corresponding primary teeth. On further examination, it was found that maxillary natal teeth were highly mobile and there were chances of aspiration, whereas in posterior maxilla and in the mandible, multiple elevations were observed with the teeth ready to erupt. The baby seemed to be uncomfortable and mouth was kept open during feeding and hence was spoon fed. Due to lack of co-operation from the baby, intraoral radiographs could not be taken. It was decided to extract the mobile natal teeth for two reasons: a) to prevent aspiration and b) to ensure proper feed for the baby.

The parents were explained the process in detail about the need for removal of those mobile teeth and the mother was asked to feed the baby prior to extraction. All the necessary precautions were taken. The maxillary natal teeth were extracted [Figure 3]. The method of extraction followed was stabilization of the baby's head with the help of her mother. The baby was then administered 0.5 ml of local anesthesia. A long gauze was taken, half of which was inserted into the oral cavity to prevent any accidental slipping of the tooth from the forceps and the other half remained outside the oral cavity for better control. The teeth were extracted with deciduous anterior forceps. The plugging of the extraction socket was done with a sufficient long gauze piece and the mother was asked to hold it for 20–25 minutes. However, the case has been kept under recall to assess the eruption of the remaining other teeth and its prognosis as well as for the presence/absence of any primary/permanent tooth germs.

The extracted natal teeth were sent for histopathological examination. The report revealed normal enamel with enamel lamellae and dentin with dentinal tubules with prominent terminal branchings [Figure 4]. There was no evidence of root formation. The pulp tissue showed fatty degeneration. The features were suggestive of Natal teeth.

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## DISCUSSION

The occurrence of multiple natal teeth is very rare till date. Only a few cases have been reported so far.<sup>[2]</sup> The etiology of natal teeth is still unknown. Various investigators have postulated their views regarding this. Hyperactivity of osteoblastic cells within the tooth germs during the initiation or proliferation stage of development of tooth may be the reason.<sup>[3]</sup> Other reasons attributed are superficial positioning of tooth germs, familial pattern like hereditary transmission of dominant autosomal gene, hypovitaminosis, infections/malnutrition. Darwish *et al.* (1987) reviewed 50 studies from literature, involving 458 cases of natal teeth with only six cases reported having multiple natal teeth, four of these included molars. Most of them were associated with systemic disorders such as Ellis–Van Creveld syndrome or Hallerman–Streiff syndrome.<sup>[2]</sup> Many other syndromes such as cleft palate, Riga–Fede disease,<sup>[4]</sup> Pierre Robin syndrome, etc. have also been associated with natal teeth. However, in the present case, no such syndrome was evident.

In the present case, there were three natal teeth in the maxillary anterior region, which were highly mobile (Type I – Hebling,<sup>[5]</sup> 1997), whereas in the maxillary posterior and mandibular anterior and posterior regions, there was edema of gingival tissue with unerupted but palpable multiple teeth (Type IV). According to Kates *et al.*,<sup>[6]</sup> if natal teeth survive beyond 4 months, they have a good prognosis. Extraction was the most viable alternative for the maxillary anterior teeth as they were Grade III mobile. The child was 21 days old when the vitamin K/prothrombin level and IgG level are that of adult level, which ruled out chances of excessive hemorrhage.

The risk of dislocation and consequent aspiration, in addition to traumatic injury to the baby's tongue and/or to the mother's breast, have been described as reasons for the extraction.<sup>[7]</sup> Martine *et al.* (1998) suggested smoothing of the incisal margin as another option for non-mobile teeth. Goho<sup>[8]</sup> (1996) reported his treatment by covering the incisal margins with composite resin or Glass Ionomer Cement. Feeding splint<sup>[9]</sup> was reported by Bjuggren (1973).



Figure 1: Erupted natal teeth



Figure 2: Multiple elevation in posterior mandible

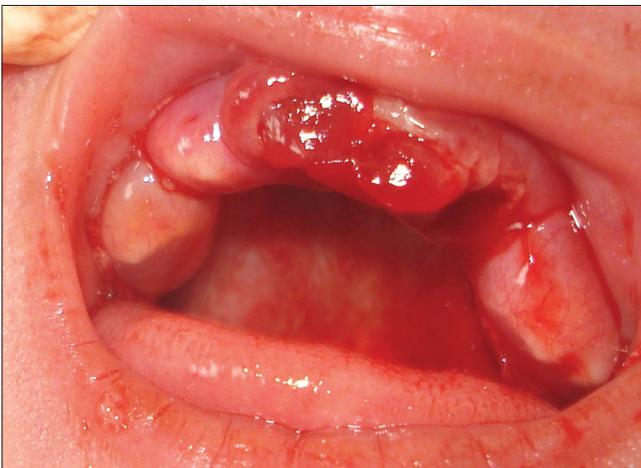


Figure 3: Multiple elevation in posterior maxilla

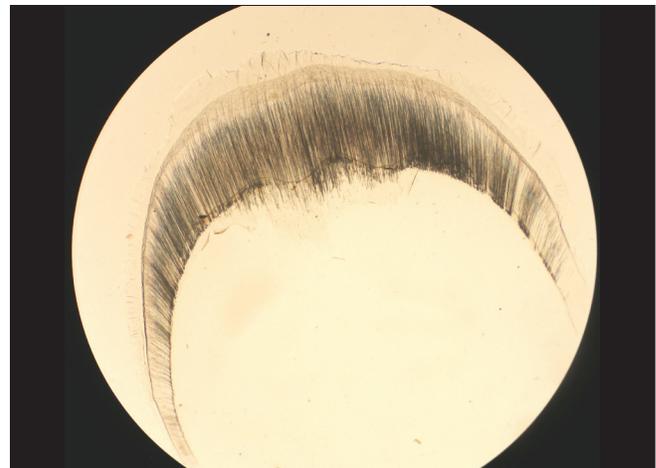


Figure 4: Histopathological examination shows enamel, dentin and dentinal tubules

In contrast, Hals (1950), Dhur and King (1995) and Walter *et al.* (1990) reported no relationship of the wounding of the mother's nipple or the tongue. Concerns such as premature loss of a primary tooth as a function of the possible loss of space for the permanent tooth have been voiced by Leung<sup>[10]</sup> (1980). Other concerns expressed include the need for prevention of dental caries by controlling bacterial plaque and via periodical fluoride application. Since in these teeth which erupt prematurely, mineralization is not complete, the decision to keep these teeth or not is based on the basic necessity of survival of living beings (i.e. the possibility of feeding).

## CONCLUSION

Natal and neonatal teeth are rare events in the oral cavity. But the rarest is the condition when there are multiple natal teeth in a baby's oral cavity. The decision to keep or to extract these teeth should be evaluated in each case, keeping in mind the scientific knowledge, clinical common sense and parental opinion.

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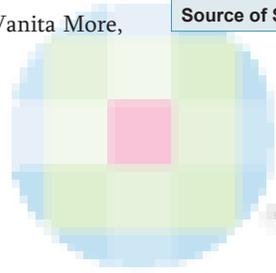
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