

A rare case of Dentitia Praecox in Neonate



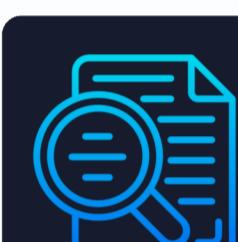
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Introduction

- Natal teeth are the ones present at birth.
- Once thought to be supernumerary or aberrant, they are now considered prematurely erupted deciduous teeth.
- Clinical classification
 - Shell crown, no root
 - Solid crown, little/no root
 - Incisal margin eruption
 - Gingival edema with unerupted tooth



Case Details

- A 4-day-old full-term neonate was brought with a complaint of a tooth-like structure in the anterior mandibular region.
- Intraoral examination revealed two natal teeth in the central incisor region, showing Grade II mobility.
- No relevant systemic conditions were reported. Considering the aspiration risk, extraction was performed under topical and minimal infiltration anaesthesia.
- The neonate tolerated the procedure well, and postoperative healing was uneventful with improvement in feeding.



fig.1 Neonate presenting natal teeth



Complications

- Feeding difficulties
- Risk of aspiration
- Riga-Fede ulcer
- Maternal breast discomfort
- Parental anxiety, aesthetic concerns.



fig.2 Riga-Fede Ulcer (Wikimedia Commons)

Management and Handling



Retention criteria: firm, non-interfering can be preserved.



Extraction indications: mobility, trauma, feeding or aspiration risk.



Procedure: avoid excessive bleeding (Vitamin K status), postop care.



Follow-up: parental counselling, monitor normal eruption.

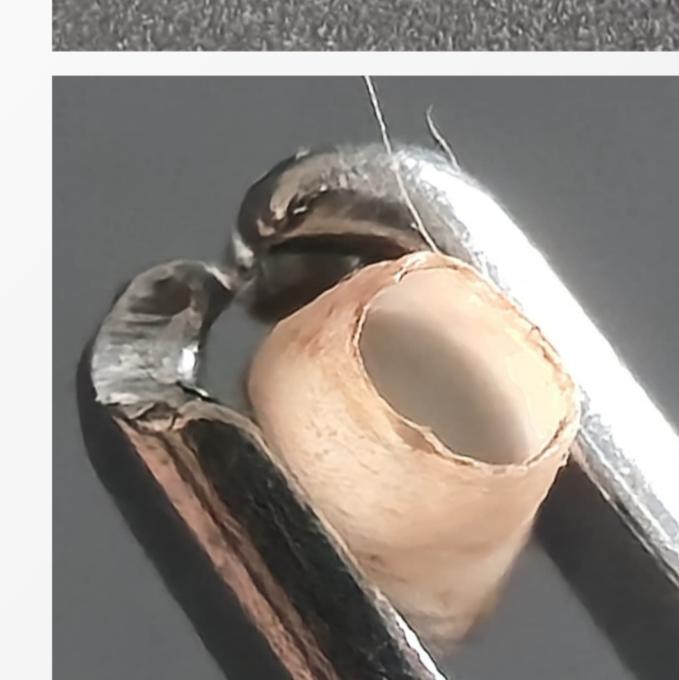
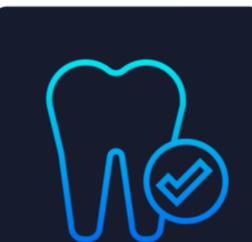


fig.3,4 Natal Tooth



Conclusion

- Natal teeth are rare but clinically significant.
- Require careful diagnosis and management to prevent feeding issues and complications.
- Early recognition along with appropriate intervention ensures safety and normal development.

References

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Discussion

Etiology & Prevalence

- Prevalence: 1:1000 - 1:30,000 live births.
- Theories: superficial tooth germ, genetic predisposition, syndromic associations (Ellis-van Creveld, Sotos syndrome).

Distinctive Anatomy

Feature	Common Finding in Natal Teeth
Size & Shape	Smaller; Conical or irregular
Enamel Quality	Hypoplastic enamel, discoloured
Root Formation	Rudimentary or absent roots
Crown structure	Mimic normal crown or malformed
Attachment	Weak periodontal ligament
Pulp Chamber	Proportionally larger