

Erupted Lower Central Incisors

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A male neonate presents with two erupted lower central incisors at birth. He is asymptomatic and has no problem with breastfeeding.

What is your diagnosis?

Natal teeth are erupted teeth that are visible at birth. The normal eruption of the primary teeth usually occurs at six-months-of-age. The incidence of natal teeth ranges from 1 out of 2,000 to 1 out of 3,500 live births, occurring slightly more often in females. The exact etiology is not known. Infection, fever, trauma, malnutrition, superficial position of the tooth germ, hormonal stimulation and maternal exposure to environmental toxins have been implicated as causative factors.

Natal teeth have been reported in association with a number of congenital syndromes such as Ellis-van Creveld syndrome and craniofacial dysostosis. The condition may also be part of a familial trait as a positive family history has been reported in 8% to 62% of cases. Natal teeth typically occur in pairs with the lower primary central incisors occurring in 85% of cases. The majority of natal teeth are from early eruption of the normal primary deciduous dentition. Less than 10% are supernumerary. Natal teeth must be differentiated from Bohn's nodules, epulis, lymphangiomas and hamartomas.

The condition is typically benign, but complications can occur. Natal teeth can lead to discomfort during suckling, subungual ulceration



Figure 1. Erupted lower central incisors in an infant.

(Riga-Fede disease) with resultant feeding refusal and aspiration of the teeth. A dental roentgenogram is always indicated to see if the teeth are supernumerary. Teeth extraction is indicated if the teeth are supernumerary, excessively mobile, or interfering with feeding. If Riga-Fede disease occurs, the preferred treatment is smoothing of the rough incisal edges or placement of a round, smooth, composite resin over the incisal edges. If the tooth does not interfere with breastfeeding and is otherwise asymptomatic, no intervention is necessary.

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