



NATAL TEETH ASSOCIATED WITH ISOLATED CLEFT LIP: CASE REPORT

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Article Received on 22/09/2019

Article Revised on 12/10/2019

Article Accepted on 02/11/2019

ABSTRACT

Natal and neonatal teeth are those present at birth, or erupted during the first 30 days of life respectively. They have rare occurrence with unknown exact etiology. However, natal and neonatal teeth are reported to be more common among number of developmental abnormalities and congenital anomalies, including cleft lip and palate. This report will present a case of natal maxillary tooth erupted in a 65-days old infant with isolated cleft lip.

KEYWORDS: Natal teeth, neonatal teeth, cleft lip and palate, isolated cleft lip.

INTRODUCTION

Natal and neonatal teeth are those present at birth or emerging in the oral cavity within the first 30 days of life, respectively. The presence of teeth in a new born is a rare condition with an incidence ranging from 1:1000 to 1:30000 with no significant difference between males and females. The etiology of early eruption of these teeth is still unknown, a higher prevalence rate was found in certain races and in children with cleft lip and palate.^[1,2]

The term cleft lip and palate describes the potential complexities of the deformity which encompass nose, lips, alveolus, and palate. It compromise breathing, appearance, dentition, facial growth, speech, and hearing leading to psychosocial implications. Isolated cleft lip describes the cleft that does not reach the palate and is limited to the lip. It could be unilateral or bilateral with the former being more common and usually found on the left side. Although the etiology of non syndromic cleft lip and palate is still unknown, mutation of candidate genes have been identified in an environmental influence.^[3,5]

Natal and neonatal teeth are considered as abnormalities in tooth formation, their incidence of occurrence is 85% for mandibular incisors, 11% maxillary incisors, 3% in mandibular canine and molars and 1% in maxillary canines and molars. Moreover, researches stated that the incidence of abnormally formed teeth is more common in children with clefts than in those with normal palates or lips, even if these clefts were not syndrome-related. It was argued that natal teeth among cases with CLP were more often observed in the premaxillary and maxillary segments, unlike the cases without clefts.^[6,8]

Natal teeth, and neonatal teeth, can be the baby's normal deciduous teeth sprouting prematurely, which encouraged to be preserved. Alternately, they might be supernumerary teeth, or not part of the normal course of teeth.^[9] Approximately, 90% of the reported natal or neonatal teeth are the primary teeth, while the rest are supernumeraries.^[10]

Common complications results from these natal and neonatal teeth, in both healthy and those who have CLP, could be related to both baby and mother, including: discomfort while suckling which may cause abrasion of mother nipples, in addition to detachment and possible aspiration or swallowing in case of very loose natal tooth.^[4, 6]

CASE REPORT

A 65 days old infant with left sided unilateral cleft lip was referred from the department of pediatrics in princess Rahma hospital in Jordan. Consultation was needed for the presence of a small odontogenic vestige on the left lateral border of the premaxilla, taking the place of primary canine. The mother claimed that this tooth-like structure was present when the child was born and it was interfering with breast feeding.

Clinical examination revealed that there is a small hypoplastic tooth like structure with grade 3 mobility present in the area of the cleft lip (Fig.1). Otherwise the infant was medically healthy with no signs of systemic illness.



Fig.1. Natal tooth in the area of the cleft lip.

Due to the risk of aspiration and interference with feeding, extraction was done using 2% lidocaine local anesthesia (infiltration technique), the tooth appeared as a small crown without a root (Fig. 2), and this may be attributed to the very early eruption with no time for root formation to begin.



Fig.2. Natal tooth following extraction.

Follow up after 7 days of extraction showed complete healing of mucosa. A second visit was scheduled for evaluation and referral to maxillofacial surgeon for lip correction.

DISCUSSION

Cleft lip and palate (CLP) is considered one of the most common congenital anomalies in newborns which may be unilateral or bilateral. Worldwide incidence of CLP is 1:600 live births. Various dental anomalies are particularly common in patients with CLP such as supernumerary teeth, natal and neonatal teeth, ectopic eruption, agenesis, cone shaped teeth, hypoplasia, hypocalcification, and intranasal teeth.^[3,10,11]

Reports have shown a high prevalence of natal and neonatal teeth among both unilateral (2.02%) and bilateral (10.06%) cleft lip and palate neonates. Generally natal teeth present in the area of mandibular incisors. However, studies have shown that in CLP cases, natal teeth appear in the maxilla with an incidence of

76.77% as maxillary incisors.^[12] This was explained by insufficient space for tooth germs inside the arch. This results in more superficial position of these tooth germs on residual ridge near lateral side of cleft, leading to early eruption of the tooth.^[13]

Natal teeth are more associated with cleft lip with or without palate than with cleft palate alone. The incidence of natal/neonatal teeth associated with unilateral cleft lip (1.98%-2.8%) is more than that associated with bilateral cleft lip.^[6,14] Isolated cleft lip primary maxilla could be endangered and lose part of its unification or bone arrangement. Therefore unilateral cleft lip involves typical deformities caused by asymmetric forces on the pre maxilla during facial growth. These deformities extends mucous membrane and muscle to involve bone even if it's not clefted.^[13]

In this case report, natal tooth was located in the maxillary canine area on alveolar ridge in a region near the lateral side of the cleft.^[3] This agrees with other studies where all natal or neonatal teeth were found in the maxilla, on the cleft-side with 100% incidence and occupied the space of maxillary primary canine-lateral incisor tooth.^[1,14]

The management of natal and neonatal teeth depends on the risk and complications associated. No treatment is required if the tooth is asymptomatic and not interfering with breastfeeding. Smoothing of the incisal edge should be performed to prevent injury to the mother. On the other hand, extraction is the treatment of choice in cases of extremely mobile or supernumerary tooth. This should not pose any difficulties since these teeth can be removed with a pair of forceps or even fingers.^[7] Follow up visits and parental counseling should be undertaken to observe the development of the future dentition.^[8]

CONCLUSION

Presence of natal and neonatal teeth is a rare condition, though their association with cleft lip or cleft lip and palate is not rare. Although the exact etiology is unknown, some studies suggest that hereditary factors play a role. The prevalence of such a condition is higher in certain populations and certain ethnic groups. Intervention should be done as early as possible, to prevent complications to the infant.

In summary, presence of these teeth should be recognized as a disturbance of biological chronology and should be approached with attention.

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