

**BILATERAL FIRST PRIMARY MOLAR NEONATAL TEETH COMPLICATED BY
LARYNGOMALACIA**¹*Anum Khan and ²Ghaida Al-Jaddir¹*Speciality Paediatric Dentist, Chelsea and Westminster Hospital NHS Trust / Imperial College London.²Consultant in Paediatric Dentistry, Chelsea and Westminster Hospital NHS Trust/ Imperial College London.***Corresponding Author: Anum Khan**

Speciality Paediatric Dentist, Chelsea and Westminster Hospital NHS Trust / Imperial College London.

Article Received on 06/09/2024

Article Revised on 26/09/2024

Article Accepted on 16/10/2024

ABSTRACT

A rare phenomenon of teeth eruption in new-borns is called natal (when erupted and present at birth) or neonatal teeth (erupting in the first month after birth). This report details a case of a prematurely erupted primary molar tooth in her upper right quadrant in a 3 weeks old female, along with the predicted eruption of further neonatal teeth. The management plan for these neonatal teeth is tailored to address individual concerns such as mobility, feeding difficulties, and airway risks.

KEYWORDS: Neonatal primary molars; Laryngomalacia; Multidisciplinary team approach.**BACKGROUND**

Natal teeth are prematurely erupted teeth present at the time of birth while neonatal teeth are prematurely erupted teeth erupting in the first months after birth. The other names for these teeth are congenital teeth, fetal teeth, or dentitiopraecox.^[1,2] Primarily, these erupted teeth are deciduous teeth that erupt prematurely or supernumerary teeth (<10%). The natal or neonatal teeth are commonly found in the mandibular anterior region as primary central incisors (85%) followed by maxillary central incisors and maxillary cuspids or molars comprising only 1%.^[3] Clinical classification of natal teeth Hebling (1997) has categorized these teeth into 4 categories.^[1,3,4] Neonatal teeth, as prematurely formed and erupted, may have underdeveloped roots leading to mobility and increased risk of aspiration. The presence of natal teeth also affects feeding, causing pain to feeding mothers, and poor latching while breastfeeding.^[5] Management of natal teeth in the new born is based on presenting complaints (Feeding issues, bleeding,

ulceration under the tongue)^[6] and treatment approaches (digital extractions, medical history).^[7,8]

CASE PRESENTATION

A 3-week-old female was internally referred to the Paediatric Dental Unit for prematurely erupted neonatal teeth in the upper right maxillary quadrant. The mother presented to the A & E with concerns regarding noisy breathing, which worsened upon crying. The baby was born at 40 weeks with an emergency C-section, weighing 3.12 Kg. Maternal medical history comprised of hypothyroidism (on levothyroxine).

On intra-oral examination, a fully formed crown of a primary molar on the upper right quadrant was visible, exhibiting mild yellow discoloration on the cusps and was grade 1 mobile as per Miller's mobility classification and clinical category of Hebling's category 2 as shown in Figure 1.

**Figure 1: Erupted Neonatal tooth on upper right quadrant.**

Also noted were two other gingival indentations on the upper and lower left posterior quadrants, suspected to be

additionally erupting neonatal teeth as shown in Figure 2, with Hebling's clinical category 4.



Figure 2: Unerupted but palpable Upper and lower left neonatal teeth in left quadrants (Hebling's clinical category 4: ingival tissue edema with a palpable but un-erupted tooth).

In view of laryngomalacia, Multidisciplinary team consultation was arranged with ENT. Mother was warned of risks of increased mobility due to undeveloped root and an increased risk of aspiration, warranting extractions. Safety net advice was given regarding difficulty breathing, tooth mobility and instructed to resume breastfeeding, as was mother's preference.

OUTCOME AND FOLLOW UP

At the ENT consultation, mild Laryngomalacia was confirmed, mother was reassured, and monitoring advised. At review appointment, left upper and lower quadrant neonatal teeth had erupted with minimal mobility. A decision was undertaken by clinicians and mother to monitor the erupted teeth given minimal tooth mobility.

DISCUSSION

The presence of natal or neonatal teeth was first coined by Massler and Savara (1950) with further evidence in literature regarding gender predilection (3:1 female to male ratio) and increased prevalence in pre-term and underweight newborns.^[1,2] There is extensive literature present on presence of natal and neonatal teeth which may be supernumerary teeth or deciduous teeth including central incisors, cuspids or molars.^[3,4] This case report signifies the fact that limited data is reported on such a presentation of prematurely erupted primary molars in newborns (<1% of erupted teeth)^[5], especially complicated by medical conditions like Laryngomalacia.

Gestational age and birth weight have been extensively reviewed in literature with multiple studies reporting natal teeth in underweight babies. Some literature suggests that it is highly likely that natal teeth may be present in preterm and underweight newborns, making gestational age a contending significant aetiological factor.^[3,4] However, this case presents a newborn born at term with a good birth weight.

Complications following extractions of natal or neonatal teeth are rare and can be effectively managed with well-

trained healthcare professionals. Primarily, bleeding can be stopped by bottle feeding which may act as a pressure pack.^[5,6] However, the diagnosis of Laryngomalacia in this case complicated treatment approach of extraction in case of increased mobility. Therefore, early diagnosis, comprehensive interprofessional liaison, and treatment approach (Dental and ENT teams) in management of intraoral tissues and airway should be the primary management tool to ensure safety. Furthermore, maternal history of hypothyroidism may be an aiding factor as 'hormonal imbalances'^[1,5,7,8] as an aetiological factor. However, this remains inconclusive.

LEARNING POINTS

- Early diagnosis, comprehensive treatment planning, and safe interventions must be prioritized.
- In cases of complex medical history, seeking inter-professional care management is imperative for optimal outcomes.
- Treatment modalities, such as monitoring and extraction should be considered based on clinical presentation, keeping in mind potential challenges like primary dentition spaces and parental distress.

REFERENCES

1. Khandelwal, V., Nayak UA, Nayak PA, Bafna Y. Management of an infant having natal teeth. Case Reports, 2013 jun; 3(1): bcr2013010049-bcr2013010049. doi:<https://doi.org/10.1136/bcr-2013-010049>.
2. Mhaske, Shubhangi, Monal B. Yuwanati, Ashok Mhaske, Raju Ragavendra, Kavitha Kamath, and Swati Saawarn. "Natal and Neonatal Teeth: An Overview of the Literature." ISRN Pediatrics, August 18, 2013; 1-11. <https://doi.org/10.1155/2013/956269>.
3. Varriano, BM., Ades L, Vaughan SR. Case Report: A rare case of bilateral molar natal teeth in a term newborn. Frontiers in Dental Medicine, 2024; 5. doi:<https://doi.org/10.3389/fdmed.2024.1336865>.

4. Leung AK, Robson WL. Natal teeth: a review. *J Natl Med Assoc*; 2006 Feb; 98(2): 226-8. PMID: 16708508; PMCID: PMC2595049.
5. Adekoya-Sofowora, CA. "Natal and Neonatal Teeth: A Review." *Nigerian Postgraduate Medical Journal*, 2008; 15(1): 38. <https://doi.org/10.4103/1117-1936.180932>.
6. Shivpuri, A., Mitra R, Saxena V, Shivpuri A. Natal and neonatal teeth: Clinically relevant findings in a retrospective analysis. *Medical Journal Armed Forces India*. Published online, October 2018; doi:<https://doi.org/10.1016/j.mjafi.2018.07.001>.
7. Malki, GA., Al-Badawi EA, Dahlan MA. Natal Teeth: A Case Report and Reappraisal. *Case Reports in Dentistry*, 2015; 1-4. doi:<https://doi.org/10.1155/2015/147580>.
8. Golikeri, Sumitra S., Jessica Grenfell, David Kim, and Christopher Pae. "Pediatric Oral Diseases." *Dental Clinics of North America*, January 2020; 64(1): 229-40. <https://doi.org/10.1016/j.cden.2019.08.012>.