

# Natal Teeth Incidence and Management in Western Pennsylvania

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## INTRODUCTION

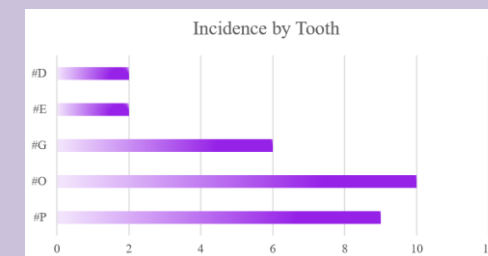
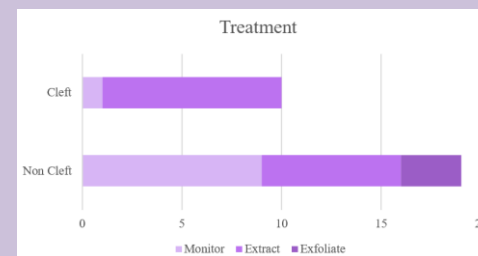
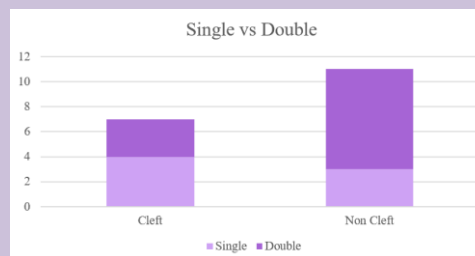
Natal teeth are teeth observable in the oral cavity at birth, and neonatal teeth are teeth that erupt during the first 30 days of life (1). The incidence of natal teeth is from 1:2,000 to 1:3,500 live births (2). Less than 10% of these teeth are supernumerary (3). There are several proposed etiologies for natal teeth, with the most accepted theory being superficial positioning of the tooth germ (1). This theory correlates with higher incidence of natal teeth in infants with cleft lip and/or palate as there are differences in alveolar growth and fissures (1). Common parental concerns associated with natal teeth are the feeding issues, aspiration, and long-term prognosis. Evaluation and treatment of an infant with natal teeth by a pediatric dentist should be initiated to help guide parents. This study aims to satisfy two objectives; 1) to determine if there is a higher incidence of natal teeth in patients with cleft lip/palate in Western Pennsylvania compared to patients without cleft lip/palate, and 2) to develop a visual aid to be used for parents of infants with natal/neonatal teeth to help guide them in the management of their infant's natal teeth and serve as a reference tool when questions arise after their dental evaluation.

## METHODS

1. A chart review was performed of 40 patients seen at Children's Hospital of Pittsburgh in the Dental or Cleft-Craniofacial Clinic from April 2021-October 2022 to evaluate for presence or absence of natal teeth, the treatment of present natal teeth, and cleft status.
2. Data was analyzed using a Fisher's exact test, to test the null hypothesis that there is no relationship between having a cleft lip/palate and having a natal tooth.
3. Parent concerns were used to develop a visual aid to be distributed to parents of infants with natal teeth.

## RESULTS

A chart review of patients seen at Children's Hospital of Pittsburgh in the Dental or Cleft-Craniofacial Clinic from April 2021-October 2022 to evaluate for presence or absence of natal teeth, the treatment of present natal teeth, and cleft status yielded 40 patients. All new infants seen by the Cleft-Craniofacial Clinic were included in the review, as well as any patient seen in the Dental Clinic for concerns of natal teeth. Of these 40 patients, 29 had cleft lip/palate and 11 did not have clefts. There were 29 natal teeth, occurring in 18 of the patients. Eleven of the patients with natal teeth did not have cleft lip/palate; seven patients did have cleft lip/palate. All natal teeth in patients with a cleft were maxillary teeth (10). All natal teeth in patients without a cleft were mandibular teeth (19). Natal teeth in cleft patients were both central (2) and lateral (6) incisors. Natal teeth in patients without clefts were all central incisors. Eleven patients had natal teeth occurring in pairs and seven patients had single natal teeth. Of the 29 teeth: 16 were extracted, 10 were monitored, and three exfoliated within the first six weeks following eruption. In the cleft patients, 9 of the 10 natal teeth were extracted; often to avoid complications during nasoalveolar molding. Three of the patients whose teeth were being monitored were older than two years, and the monitored natal teeth were still present. The Fisher's exact test yielded a significant difference ( $p$ -value  $< 0.05$ ), rejecting the null hypothesis that there is no relationship between having a cleft lip/palate and having a natal tooth.





## NATAL TEETH

*What is a natal or neonatal tooth?*



A natal tooth is a baby tooth that is in the mouth at birth. A neonatal tooth is a baby tooth that erupts within the first 30 days after birth.

Typically natal teeth are the lower incisors. Natal teeth occur in 1 out of every 3,000 births.

*Are they different from other baby teeth?*

Over 90% of the time, a natal tooth is the normal baby tooth and not an extra tooth. They can look different due to early eruption. Often these teeth are cone shaped and have a yellow-brown coloring. The roots may not be fully developed, which can lead to mobility of these teeth.

*What should I do about my baby's natal tooth?*

The options are to 1) monitor the tooth or 2) have the tooth removed by your pediatric dentist. Sometimes, these teeth will fall out on their own.

Removal may be indicated if the tooth is causing problems feeding, irritating the baby's mouth, or very loose.

Although there are no documented cases of baby's aspirating a natal tooth, this should be considered when deciding whether or not to keep the tooth.

*What can I expect if the tooth needs to be removed?*

Removal of a natal tooth is typically a quick and easy procedure. Gauze is placed to protect the baby's throat, and the tooth is gently removed by the dentist. This procedure does not require local anesthesia as the root is only minimally developed.

After the tooth is out, the dentist will use gauze to help stop any bleeding. A small amount of bleeding is normal and will resolve. The baby may cry during the procedure but will recover quickly.

## DISCUSSION

Previous studies suggest a relationship between natal teeth and several syndromes such as Pierre Robin sequence, Ellis-Van Creveld, hypocalcemia, Hallerman-Streiff, craniofacial dysostosis, Sotos, Wiedemann-Rautenstrauch, ectodermal dysplasia, Pfeiffer, and Rubinstein-Taybi syndrome (1, 2, 3). Frequently these syndromes are associated with cleft lip and/or palate. The statistically significant difference found by the Fisher's exact test of this study furthers the data to support a positive correlation between cleft lip and/or palate and natal teeth. Incidence rates of natal teeth during this time period are consistent with previously published incidence reports.

A decision to monitor or extract a natal tooth is one that should be made jointly by the parent and pediatric dentist. The most common indications to extract a natal tooth are feeding difficulties, Riga Fede, patient discomfort, and poor long-term prognosis. Although there are no documented cases of aspiration of a natal tooth, the possibility should still be considered when determining treatment for a tooth with significant mobility (1). The provided handout can be used to help guide parents through management of their child's natal tooth.

## CONCLUSIONS

1. There is an association between natal teeth and cleft lip/palate in patients of Western Pennsylvania.
2. Parents should be properly educated on the treatment and management of natal teeth by their dentist, as parents have many questions and concerns. Visual aids can be a helpful adjunct to the discussion.

## REFERENCES

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