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## Introduction

Teeth present at birth and those erupting into the mouth within the first month of life are defined as natal and neonatal teeth, respectively. In the general population, the reported incidence ranges from 1:2000- 1:3500, and 10% of involved teeth are considered supernumerary. Although rare, natal and neonatal teeth are reported at higher occurrence in patients with cleft lip and palate (CLP) than in the general population. The prevalence specific to the CLP patient population ranges from 2%-9.1%. These teeth are more likely to be present in the maxilla and on the cleft-affected side. Natal and neonatal teeth may be described as mature or immature, depending on clinical presentation (anatomy, quality of tooth structure, etc). Potential complications for the CLP population with the presence of these teeth include discomfort with possible refusal to feed, risk of aspiration of the natal teeth, and interference with pre-surgical appliances.

## Objectives

- To present a case of CLP with multiple natal teeth
- To discuss etiology, incidence, and characteristic presentation of natal teeth specific to the population of patients with CLP
- To discuss the management and potential challenges of natal teeth in the CLP patient population

## Dental Hospital Consult - 4 days Old

A dental consult was requested for a 4-day-old infant with bilateral cleft lip and palate, who was transferred to Children's Wisconsin from a community hospital, with concerns of poor feeding with oral bleeding (ie. blood droplets on the bottle after feeding). There was concern of teeth present and possible fracture of the right lateral and premaxillary alveolar segments due to mobility and the finding of oral bleeding.

## Discussion

The infant was evaluated clinically and an occlusal radiograph was obtained. The oral clinical examination identified premature eruption of two immature teeth at the maxillary mesial prominence of both lateral alveolar segments adjacent to the bilateral cleft. The tissue demonstrated mild gingivitis, and the teeth were not mobile.

## Chronology

### Initial Evaluation : 4-days-old



Bilateral Cleft Lip and Palate with "fly-away" premaxilla



View of the Natal Teeth adjacent to the Cleft sites



### Lip Repair: 7 months old



Pre-operative image with markings for lip repair



Post-operative image of bilateral lip repair

## Discussion (cont.)

The occlusal radiograph ruled out fracture and demonstrated tooth buds of the unerupted teeth and the erupted maxillary natal teeth. The erupted natal teeth were suspected to be supernumerary teeth in the position of the maxillary primary lateral incisors. Unerupted tooth buds visualized radiographically included the maxillary primary centrals in the pre-maxillary stalk, as well as maxillary primary canines and primary first molars. Mobility was detected at the premaxilla segment as well as some slight mobility at the anterior prominence of the maxillary lateral buccal alveolar segments. At time of examination, the etiology of the oral bleeding was believed to be trauma to the premaxillary segment during feeding. Lactation and Speech teams worked with the family to successfully establish a consistent feeding routine with Dr. Brown's bottle. Eventually, the oral bleeding during feeding did resolve. It was decided to monitor the natal teeth, as they were not at risk for aspiration and not impeding feeding. Appropriate referral to the local CLP Team and craniofacial orthodontist were placed. Monitoring of the natal teeth continued through NAM (nasal alveolar molding) therapy, as the teeth did not interfere with appliance wear and comfort. Eventually the natal teeth exfoliated naturally during NAM therapy prior to successful lip and nasal floor closure at 7 months. This case demonstrates a conservative approach to natal teeth. However, natal teeth may need to be extracted if at risk for aspiration or at the request of the surgeon or orthodontist to improve their treatment outcomes. If extraction is indicated before 10 days old, the patient should receive appropriate vitamin prophylaxis to prevent vitamin K deficiency bleeding.

## Conclusion

This case illustrates the presence of multiple natal teeth adjacent to the cleft site in a patient with bilateral cleft lip and palate. The pediatric dentist should be knowledgeable of natal teeth in the CLP population and be trained in management and treatment strategies with their presence including considerations for extraction, if needed.

## Resources

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