A female infant was born at 38 weeks of gestation. On physical examination at birth, a mass in the midline maxillary gum line was noticed (Figure 1). The mass was mobile to touch and firmly consistent. Physical examination was otherwise unremarkable.

During first postnatal days, the newborn evidenced no breastfeeding problems. She was discharged from the hospital at day three of life and referenced to a Stomatology consultation. At the age of five days the tooth became visible, being removed in the Stomatology clinic with no bleeding problems.

What is your diagnosis?

Figure 1 - Newborn showing a mass in the gingival line
**DIAGNOSIS**

Natal tooth

**DISCUSSION**

Natal and neonatal teeth are rare disorders of tooth eruption, with incidence varying from 1:2,000 to 1:3,000.¹ Natal teeth are present at birth and neonatal teeth erupt within the first month of life. The former are more frequent (3 versus 1), and both are more frequent in females.¹,²

Although these conditions’ exact etiology is unknown, they have been associated with various syndromes, including chondroectodermal dysplasia (Ellis Van Creveld syndrome), Pierre Robin syndrome, Turner syndrome, Noonan syndrome, Soto syndrome, craniofacial dysostosis, or children with cleft palate.¹,³,⁷

Natal teeth normally appear in the anterior mandibular region in the lower central incisor position (85%), as in the reported clinical case.¹,³ This can be an important clue in the differential diagnosis of gingival masses in the newborn.

These teeth may present with normal size and shape. However, in most cases they are poorly developed, small, conical, yellowish, with white hypoplastic enamel and dentine and poor or total root development failure, what makes them unstable.⁴ Most natal/neonatal teeth are deciduous teeth that have prematurely erupted, but up to 10% can be supernumerary teeth.³

Natal and neonatal teeth are easily diagnosed on physical examination. However, when covered by gingival tissue the differential diagnosis may comprise inclusion cysts, as Bohn’s nodules, epulis, gingival hamartoma, or pyogenic granuloma.⁴⁻⁶

Clinical management should entail a multidisciplinary approach including Pediatrics and Stomatology. Teeth extraction is the treatment of choice if teeth show excessive mobility (increased aspiration risk), are causing feeding problems, or complications – as traumatic lesions on the infant’s tongue (Riga-Fede disease) or mother nipples – arise.¹,³,⁷ If these features are absent, radiographic examination is an essential tool for the differential diagnosis between supernumerary and deciduous teeth.⁷ If neonatal teeth are part of the normal dentition and considered mature, they should be left so as to prevent possible space loss.¹,³ Teeth remaining stable beyond the age of four months is a sign of good prognosis.⁴

In the present case, although tooth showed mobility, it was covered by gingival tissue precluding aspiration risk and was promptly removed when became visible.

The authors decided to present this case to raise awareness to this tooth eruption disorder. It should be considered in the differential diagnosis of oral masses/lesions in neonates, securing a correct and early intervention.

**REFERENCES**

CORRESPONDENCE TO

Sofia Pires
Hospital Pediátrico de Coimbra
Centro Hospitalar e Universitário de Coimbra
Rua Dr. Afonso Romão
3000-602 Coimbra
Email: sofia.pires88@gmail.com

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