Natal teeth associated with Riga-Fede ulcer: case report

Dente natal associado à úlcera de Riga-Fede: relato de caso
Dientes natales asociado a ulcer de Riga-Fede: reporte de caso

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Abstract
Aim: Was to report a case report showing the occurrence of natal teeth associated with Riga-Fede ulcer, clinical implications and treatment approach. Case report: Two-month-old female patient, was taken by his mother to the Baby Clinic of the Araçatuba Dental School, Univ. Estadual Paulista (UNESP) - Department of Pediatric Dentistry and Public Health-Brazil, reporting ulcer in the womb of tongue and weight loss. On clinical examination, there was teeth in the region of the mandibular incisors and in the ventral region of the tongue, characterized as Riga-Fede ulcer. In the radiographic examination it was noted that the same was supernumerary. After clinical and radiographic examinations, we opted for the natal teeth exodontics. After thirty days, the mother informed us that the ulcer disappeared and the child returned to feed, demonstrating that the approach has proved suitable and effective. Conclusions: Natal teeth supernumerary when related the Riga-Fede ulcer should be extracted; It should not be neglect weight loss in infants and treatment aims at healing of the lesion feed return and weight gain.

Descriptors: Natal Teeth; Oral Ulcer; Tongue Diseases.

Resumo
Objetivo: Relatar um caso de relato mostrando a ocorrência de dentes natais associados à úlcera de Riga-Fede, implicações clínicas e abordagem terapêutica. Relato de caso: Paciente do sexo feminino de dois meses de idade, foi levado pela mãe à Bebê Clínica da Faculdade de Odontologia de Araçatuba, Univ. Estadual Paulista (UNESP) - Departamento de Odontologia Infantil e Social-Brasil, relatando úlcera no ventre da língua e perda de peso. No exame clínico, havia dentes na região dos incisivos mandibulares e úlcera na região ventral da língua, caracterizada como úlcera de Riga-Fede. Ao exame radiográfico observou-se que o mesmo era supranumerário. Após exames clínicos e radiográficos, optou-se pela exodontia dos dentes natais. Após trinta dias, a mãe informou que a úlcera desapareceu e a criança voltou a alimentar-se, demonstrando que a abordagem mostrou-se adequada e eficaz. Conclusões: Os dentes Natais supranumerários quando relacionados a úlcera de Riga-Fede devem ser extraídos; Não deve ser negligenciado a perda de peso em lactentes e o tratamento visa a cicatrização da lesão e ganho de peso.

Descriores: Dentes Natais; Úlceras Orais; Doenças da Língua.

INTRODUCTION

The oral cavity during childhood is characterized by several phenomena that constitute physiological response or, on the contrary, development changes and even pathogens. Teeth eruption is a normal physiological process, which starts around six months of life, with the eruption of the incisors deciduous mandibular central1. Periodically cases are reported in which infants have dental elements, partial or complete erupted, referred to as natal teeth, or erupt until the thirtieth day of life referred to neonatal.

These eruption anomalies concerned parents of newly-born babies and pediatric dentists, once the natal/neoatal teeth, besides presenting heightened mobility2, can be swallowed or aspirated by children3 or even lead to trauma of the and ulcerations in the womb of the newlyborn’s tongue, hampering lactation4. The prevalence of natal and neonatal teeth is between 1: 800 to 1: 3.0005. According to Cunha et al.6 and Leung and Robson7, the lower central incisors are the most frequently involved, due to the fact that these teeth are usually the first to erupt in the child’s oral cavity. According to Bodenhoff and Gorlin5, the incidence of this anomaly in the mandibular central incisors is 85%, followed by the maxillary central incisors (11%), mandibular canines and molars (3%) and maxillary canines and molars (1%).

The etiology is unknown, but some factors are associated to the possible causes of premature eruption, such...
as the surface position of the teeth germ, infection, effects of congenital syphilis, accelerated eruption or fever peak, hormonal stimulation, heredity and nutritional deficiencies. However, although there is no consensus among authors, the theory of superficial location of the teeth germ, which predisposes to premature teeth eruption, associated with a heredity is the most accepted.

Among the clinical characteristics the natal teeth are small, or of normal size, conical, or of normal shape. They may reveal an immature appearance with enamel hypoplasia and small root formation. Natal teeth may exhibit a brown-yellowish/whitish opaque color. Radiographically, it can be observed the degree of root development of the teeth and check whether they are supernumerary or part of deciduous teeth. There is the formation of a layer of soft tissue above the alveolar ridge, occasionally covered by mucous membrane, having exacerbated mobility and may be swallowed or aspirated in most cases.

Normally, the presence of natal teeth in the oral cavity baby is followed by some complications, one of which Riga-Fede ulcer. Riga-Fede ulcer is a rare entity seen in children and is characterized by persistent lingual ulceration due to repetitive mucosal trauma, interfering with the infant sucking and feeding capacity and can lead it to irritability, lack of appetite and the risk of nutritional deficiencies. Treatment options also include the immediate teeth extraction, wearing an incisal edge or just monitoring the case, since the dental extraction the most commonly used protocol, especially in cases of mobility severe.

The objective of this study was to report a case report showing the occurrence of natal teeth associated with Riga-Fede ulcer, clinical implications and treatment approach.

**CASE REPORT**

Two-month old female patient, was taken by his mother to the Baby Clinic of the Araçatuba Dental School, Univ. Estadual Paulista (UNESP) - Department of Pediatric Dentistry and Public Health - Brazil, since she could no longer feed (nurse in the maternal womb) (Figure 1). We conducted a complete anamnesis, on which the mother reported the presence of a natal teeth in the oral cavity of the infant from birth, and an ulcer on the tongue with indurate, fibrous ulceration on the ventral surface (Figure 1).

![Figure 1: Natal teeth and Riga-Fede ulcer.](image1)

On clinical examination, there was teeth in the region of the mandibular incisors and Riga-Fede ulcer (2 cm x 2 cm approximately). In the radiographic examination it was noted that the same was supernumerary (Figure 2).

![Figure 2: Radiographic examination.](image2)

The treatment plan included, teeth extraction. After the pre-operative care, it was held topical anesthesia of the area with EMLA® (lidocaine + prilocaine) for 5 minutes, and then supplemented with infiltrative terminal anesthesia (Citocaina®) (Figure 3).

![Figure 3: Infiltrative terminal anesthesia (Citocaina®).](image3)

Next thorough syndesmotomy with Hollenback dental instrument (Figure 4) was performed in an attempt to remove any odontogenic cellular remnants that might otherwise have been left in the extraction site.

![Figure 4: Syndesmotomy with Hollenback dental instrument.](image4)

Hemostasis of the area was carried out post-extraction. Postoperative instructions were given and patient...
CONCLUSION

- Riga-Fede ulcer is a reactive mucosal disease as a result of repetitive trauma of the tongue by the anterior primary teeth during forward and backward movement. Although the aspect of the lesion might be impressive, its nature is relatively benign.
- Natal teeth supernumerary when related the Riga-Fede ulcer should be extracted;
- It should not be neglect weight loss in infants;
- Treatment aims at healing of the lesion feed return and weight gain.

REFERENCES


CONFLICTS OF INTERESTS

The authors declare no conflicts of interests.

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