Review Article

Eruption Disorders in Deciduous Dentition: a Pediatric Dentist’s Perspective

Triveni Mohan Nalawade1 and Rachappa MM2

1Senior Lecturer, Oman Dental College, Muscat, Oman
2Rachappa M M, Senior Lecturer, Oman Dental College, Muscat, Oman.

Abstract

The aim of this article is to review the most common eruption disorders in deciduous dentition and its management from a pediatric dentist's point of view.

Introduction

As a Pediatric dentist, we see a number of cases related to eruption of deciduous teeth which cause concern amongst parents. As per the regular eruption time-table/charts infants’ deciduous teeth start erupting as early as six months with lower central incisors to make an appearance first. [1] Usually mandibular teeth erupt prior to maxillary teeth. Also, girls usually get their teeth a little earlier than boys. These are the usual norms we come across in Pediatric Dentistry textbooks. Recently, I came across quite a few cases being exception to the above mentioned norms.

Discussion

Eruption of teeth is usually associated with pain, fever, loss of appetite and sometimes even loose stools. These signs and symptoms together with few other characteristics are referred to as “Teething”. Teething may make infants irritable, cranky and may cause restlessness, drooling or loss of appetite. This causes stress to parents and if any further variations during this phase of infants, it adds up to the parent's anxiety. Assurance, prompt diagnosis and treatment if needed are the solution to these parental worries. A simple visit to a Pediatric dentist can resolve all the doubts and queries of parents.

Following Are the Eruption Disorders in the Deciduous Dentition

Natal/Neonatal teeth: Natal teeth are teeth which are present at birth whereas teeth which erupt within 30 days after birth are referred to as Neonatal teeth. Early Infancy tooth was a term coined for teeth which erupted after 30 days but within the first 90 days after birth [2]. The ratio of occurrence of Natal teeth and neonatal teeth, is approximately 3:1; with female predilection. Etiology can be either genetic, superficial positioning of the tooth germ or associated finding due to a syndrome egRubinstein–Taybi, Pierre-Robin, Ellis–van Creveld to name a few.It is also found commonly associated with Cleft Lip and Palate.[3]These teeth might be either supernumerary and rarely primary teeth which have erupted prior to its normal eruption time. The treatment method should take into consideration (a) trauma to child's oral tissue or mother's breast (b) mobility and (c) danger of aspiration [2].Unnecessary extraction and surgical procedures should be avoided in newborns.

Eruption Cyst/ Eruption Hematoma: An eruption cyst is a cyst formed due to fluid accumulation in between layers of Reduced Enamel Epithelium. The fluid is sometimes clear creating a pale-coloured cyst although often they are blue. When blue in colour it is referred to as eruption hematoma, is a bluish swelling that occurs on the soft tissue over an erupting tooth. It is usually found in children prior to eruption of teeth. The blue colour is attributed to the trauma from occlusion causing bleeding in the eruption cyst and imparting a hematoma-like appearance [4]. It usually resolves on its own with the eruption of the associated tooth. Recently we have come across a

*Corresponding Author: Dr Triveni Mohan Nalawade, BDS, MDS, PhD, Senior Lecturer, Oman Dental College. Muscat, Oman, Fax No - +96824665566; E-mail: triveni_nalawade@rediffmail.com

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growth of tissue which is associated with erupting tooth and coined a separate term “Eruption Granuloma” as this tissue is red and inflamed and does not have a bluish or clear appearance. Management of this lesion is also same as Eruption cyst/ hematoma.

**Early / Delayed Eruption of Teeth:** We as Pediatric Dentists have come across teeth erupting as early as five and a half months to as late as 15 months after birth. As a rule of thumb six months before and after the normal eruption ages is considered normal but prompt visit and exclusion of systemic causes is essential. Associated systemic conditions like Endocrine disturbances eg excessive secretion of pituitary, thyroid, or gonads for premature eruption and reduced secretion causing delayed eruption of teeth. Also, Hypovitaminosis for eg Vit. D deficiency and Calcium deficiency is thought to cause delayed eruption of deciduous teeth [2].

**Improper Sequence of Eruption of Teeth:** Recently, our colleagues have been taking opinion for doubts and concerns regarding their nephews and nieces getting deciduous maxillary lateral incisors prior to central incisors. They were quickly followed by eruption of maxillary centrals too. This might have been due to heavily keratinized mucosa covering the deciduous maxillary centrals and the presence of a deeply attached labial fraenum. This might delay the deciduous maxillary centrals cutting through the thick mucosa and thus erupt after the deciduous lateral incisors. It’s high time that the eruption schedule for different populations from different geographic zones should be studied and population-specific eruption schedules should be followed.

**Ectopic Eruption**

Eruption of teeth in an unusual place ie change in course of eruption is referred to as Ectopic eruption [5] eg. Molar erupting in place of canine. Though uncommon in deciduous dentition, it can occur due to obstruction due to presence of a supernumerary tooth orodontome. Usually no treatment is required in deciduous dentition. Otherwise, early diagnosis and treatment can prevent a more complicated malocclusion [5].

**Congenital Epulis**

Though not an eruption related disorder its appearance resembles a cyst like growth attached to a natal tooth in a newborn. So along with a differential diagnosis of eruption cyst associated with natal tooth even Melanotic Neuroectodermal tumor of Infancy needs to be ruled out. Aspiration biopsy, appropriate histological examination and correct diagnosis are needed prior to treatment to avoid surgical complications [6].

**Conclusion**

Rare diagnoses are always rare! So an accurate diagnosis will prevent surgical mishaps like excessive bleeding incase of extraction or surgical excision of natal/neonatal teeth and congenital epulis respectively. Appropriate haemoglobin levels and the Vit K levels are not established due to immature liver functions which are essential for hemostasis. Hence, a Pediatric dentist visit might help in establishing an accurate diagnosis and treatment only when needed. This might help relieve the parent’s anxiety associated with eruption disorders in young children and pave the path for good oral health lifelong!

**References**


