

Downs syndrome associated with dentitia praecox in maxillary posterior region: A case report

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Abstract

Down syndrome or trisomy 21 is a chromosomal abnormality. Presence of neonatal or pre-deciduous teeth is commonly seen in downs syndrome. According to published literature maxillary and mandibular anterior teeth are commonly seen. Presence of Rege-Fida disease in infants with Down syndrome due to mandibular anterior neonatal teeth and secondary ulceration is well known, however presence of posterior neonatal teeth is rare. Here by we present a case report of a 48 day old child with Down's syndrome with pre-deciduous dentition in the maxillary posterior region.

Keywords: Downs Syndrome, posterior Natal tooth, Neonatal tooth.

Introduction

Incidence and prevalence of downs or syndrome or trisomy 21 is two per thousand births which is uniform in all races.¹ Down's syndrome was first reported by John Langdon in 1866. The clinical feature of case of downs syndrome has variant distinct clinical facial features such as mid facial hypoplasia.² Dentition abnormalities present as missing, ectopic, deformed or multiple teeth with multiple caries and periodontal problems.⁴ Behavioral management and counselling are of utmost importance for the degree of cooperation with dental treatment and it largely depends on level of intelligence.⁵ Natal tooth, Neonatal tooth, Pre-deciduous tooth, Congenital tooth, Fetal tooth, Dentitia praecox, Dens connatalis and Infancy teeth are the common terms used to describe a tooth which is present or erupts in the infant age.⁶ Incidence ranges from 1:200 to 1:3500 and prevalence ranges from 1:716 to 1:30000 with an unknown etiology.⁷ Mandibular central incisor are seen in 85%, Maxillary central incisor is 11% , Mandibular cuspid and molars 3% and maxillary cuspid and molars 1% are seen according to the published literature.⁸ Diagnosis is by clinical and radiological investigations such IOPA (intra oral peri apical radiograph)and RVG (radiovisiogram). Management depends on various factors. Conservative management is undertaken if it does not interfere with nutritional intake and is asymptomatic.⁹ Often these teeth are devoid of roots but if they stay beyond four months it has good prognosis.¹⁰ It is usually extracted when it interferes with oral intake or causes ulcers and abscesses.¹¹

Case Report

A 48 day old infant with diagnosed downs syndrome was brought to us with chief complaints of

presence of tooth in the upper right posterior region of the jaw since birth. On intraoral examination, a single tooth was present in maxillary right posterior region, corresponding to the position of 54, 55. The tooth was surrounded with mild inflamed gingiva and redness was present on the mesial, distal, buccal aspect of the swollen gingiva. The crown shape and appearance were almost similar to a natural deciduous maxillary right second molar. Because of swollen gingiva only the cuspal heads of these pre-deciduous tooth was visible. (Fig. 1) Other oral soft tissue structures were normal. Grade II mobility was present according to Millers classification of mobility. Further radiological investigations could be done due lack of cooperation Mother did not have any discomfort while breastfeeding. The treatment plan was extraction as there was associated inflammation of the surrounding tissues, but was refused by the patient's attenders. Hence proper instructions and demonstration of oral hygiene was given together with antibiotics and analgesics medications. Sensofom gum paint was prescribed for local application on the gums surrounding the tooth region.



Fig. 1: Clinical picture

Conclusion

Downs syndrome children require comprehensive approach by specialist to include dental and oral care and rehabilitation. Though presence of posterior pre deciduous teeth is rare, it still could be a major concern when it interferes with feeding or causes infections. Hence awareness of such conditions is essential to guide appropriate management.

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