

# Congenital Defects

Chronic inflammatory nature of oral health problems

## Enamel Defects

A common condition characterized by changes in the thickness of enamel or poor-quality tooth enamel due to low mineral content. Can appear as discoloration or spots on the teeth. May also present as a dent, rough area, or pit on the affected tooth's surface. This condition can impact one teeth, or several, and typically places a patient at a higher risk for dental caries. The tooth/teeth might also be more sensitive.



## Epstein's Pearls

These are small, white/yellow nodules that appear on the gums and/or roof of the mouth at birth. Epstein's Pearls are common (approximately 4/5 newborns have them) and resolve on their own 1-2 weeks after birth.



## Natal Teeth

These thin teeth with little root structure are present at birth. They most often develop on the mandible and are not usually well supported. Natal teeth are often removed shortly after birth as they put the infant at risk of aspiration and they can interfere with breastfeeding.



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## Supernumerary Teeth

Most often found in the permanent dentition, extra teeth may erupt normally, or may be impacted and identified by a dentist upon radiographic examination. While supernumerary teeth may be present anywhere in the mouth, when located between the maxillary central incisors, they are considered “mesiodens.” While in some cases, the supernumerary teeth do not appear to have any direct link, they are more commonly associated with cleft lip/palate, Down syndrome, and Gardner syndrome.



## Maxillary Labial Frenum Tie (Upper Lip Tie)

The mouth has several tissue attachments that connect our lips and cheeks to our gums. The maxillary labial frenum attaches the upper lip to the area between our top front teeth. While everyone has a maxillary labial frenum, in some cases, this tissue attachment is “short” or “tight.” If the frenum interferes with feeding (breastfeeding in particular), a simple procedure, called a frenectomy may be necessary.



## Ankyloglossia (tongue tie)

Also known as a short lingula frenulum, a short or thickened band of tissue attaching the tongue to the floor of the mouth. In some cases, intervention is needed as the tongue tie can interfere with feeding or speaking. A tongue tie can also make it challenging to clear food from the mouth resulting in a higher risk of tooth decay. Sometimes the tongue tie can loosen on it's own, but in some cases, intervention is necessary. A frenotomy releases the lingual frenulum and may be done with or without anesthesia. Sometimes this procedure is completed shortly after birth if an infant is struggling to feed.



# Common Abnormal Conditions

Benign conditions that will benefit from a visit to the dentist, but not immediately necessary

## Mucocele

A benign, cyst-like lesion of a minor salivary gland. As the name suggests, the lesion typically contains fluid or mucus. Mucoceles are commonly found on the inside of the lower lip, but might also appear inside the cheeks or on the floor of the mouth and are often caused by trauma, such as a lip bite.



## Herpangina

Small bumps or ulcers, blister-like in appearance, that form in the back of the throat/tonsillar region, and on the hard and soft palate. A symptom of the coxsackie virus and usually associated with a fever but not lymphadenopathy. Most common in children ages six months – five years and most likely seen in the summer. This is a self-limiting condition which usually resolves within seven days.



## Eruption hematoma

Often appears as a bruise-like cyst over the area of a soon-to-erupt tooth. Sometimes these lesions can contain clear fluid. Eruption hematomas often resolve on their own following tooth eruption.



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## Abscess

An abscess appears as a “bump” or pimple-like lesion on the gum tissue, usually towards the root of a tooth (lift the lip to see the lesion). An abscess is a tooth infection and the lesion is typically filled with pus. Do not squeeze an abscess. It is imperative that a patient who presents with a dental abscess seeks dental care immediately. Antibiotics should be prescribed to treat the infection, however, dental treatment is a necessity for long term resolution.



## Wart

Most commonly passed from warts on the hands and fingers to the lips, tongue or oral mucosa. Warts often grow multiple lesions and are contagious (can spread to other areas of skin). Typically surgical excision is necessary and lesions may recur. If treating warts on a child's hand/fingers, encourage them to avoid placing their fingers in their mouth to reduce the risk of transmission.

