



Riga-Fede Disease: Natal Traumatic Ulceration of the Tongue

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Clinical Images

A 15-day-old male infant was referred to our institution due to an ulcer on the tongue and a mandibular incisor that had been noticed by the parents since birth. The mother reported that her infant had been continuously crying and was unable to suckle milk. Examination of the baby's oral cavity revealed a neonatal tooth over the left anterior region of the mandibular ridge. The tooth measured 2 mm × 1 mm in size, was whitish opaque, and had grade II mobility. There was also a whitish ulcer at the ventral aspect of the tongue measuring 2 mm × 2 mm (Figure 1).

After a thorough discussion with the parents, it was explained that the ulcer on the tongue was caused by the erupted mandibular central incisor, and there was a danger of aspiration of this tooth. Therefore, the decision was made to immediately extract the neonatal tooth, which was the treatment of choice. The tooth was removed under local anesthesia with an alveolar curettage (Figure 2).

Following extraction, the baby did not experience any complications such as bleeding or infection. The wound healed well within 2 days, and the baby successfully resumed taking breastfeeds.

Normally, primary teeth erupt around 6 months of age, with the incisors being the first to do so [1]. However, for natal/neonatal teeth, the mandibular central incisors are the most common, followed by maxillary incisors, mandibular cuspids or molars, and maxillary cuspids or molars [1,2]. Although the exact cause of this condition is still unknown, many etiological theories have been postulated [3].

Possible complications associated with natal or neonatal teeth include tooth aspiration, sublingual ulceration, and difficulties with breastfeeding. Sublingual ulceration, or Riga-Fede disease, is a lesion of the mucosa of the tongue that arises following repetitive trauma by the tooth during tongue movements. The ulcer most commonly presents at the ventral aspect of the tongue,

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Figure 1: Intraoral photograph of 7-day-old male infant showing a natal mandibular incisor, and ulceration at the ventral aspect of the tongue.



Figure 2: Intraoral photograph after tooth extraction.

although other parts can be affected as well [1,3]. Persistent trauma may create a sufficiently severe ulcer that interferes with effective suckling of the mother's milk [4]. Failure to diagnose this lesion can lead to tongue deformities, dehydration, and inadequate nutrition intake, all of which eventually result in poor growth and development in the child. The management of this condition can be a challenge since there is a debate between conservative treatment and tooth extraction [2,5].

In this case, the baby's tooth had grade II mobility, and there was a risk of dental aspiration. In addition, the presence of an ulcer on the ventral side of the tongue, as well as difficulties with breastfeeding, led to the decision to extract the neonatal tooth.

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