

A Review of Incidence and Clinical Outcomes of Neonate with False Tooth Extraction

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ABSTRACT

False tooth extraction is a cultural practice which have been reported in countries in Sub-Saharan as a management of fever, difficult in breastfeeding and diarrhoea in infants, and this has been thought to increase infant mortality. When false tooth is diagnosed it is advices before performing tooth extraction in neonate to wait for the commensal flora of the intestine to become established and to produce vitamin K, which is essential for the production of prothrombin in the liver. Thus, it is safer to wait until a child is 10 days old before extracting the tooth.

Keywords: neonates, tooth, false tooth extraction, vitamin K, prothrombin.

INTRODUCTION

Neonatal period is defined as up to first 28 days of life, is the most vulnerable period of human life as it accounts for very high morbidities and mortalities and most of these are preventable [1]. The chronology of tooth eruption suffers a more significant alteration in terms of onset, and the first teeth may be present at birth or arise during the first month of life, the presence of teeth at birth was considered a bad omen by the family of Chinese children, who believed that when these natal teeth would start to bite one of the parents would die and in England, the belief was that babies born with teeth would grow to be famous soldiers, whereas in France and Italy the belief was that this condition would guarantee the conquest of the world [2]. False tooth extraction is a cultural practice which have been reported in Uganda and other countries in Sub-Saharan as a management of fever, difficult in breastfeeding and diarrhoea

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Mothers in Uganda have commonly noticed that soon after birth or at the earliest sign of ill-health, there is a swelling on the gums, commonly seen at the canine sites in both jaws. When false tooth is diagnosed it is advices before performing tooth extraction in neonate to wait for the commensal flora of the

in infants, and this has been thought to increase infant mortality [3-16]. Developing countries are rich with cultural practice for healing of diseases and care of mothers and their newborns but it also put them in danger of losing their lives [4].

A study in Uganda found that Crude extraction of false tooth is performed by the traditional healers at their residence with crude objects such sharp pointed chisels, sharp bicycle spokes, razor blades, sharp pointed nails, and sharp metal hook that is typically used for basket weaving to manipulate the infant's gums.

While the methods used in traditional treatment for these disease conditions may lead to complications such as over-bleeding, septicaemia, aspiration pneumonia and risk of transmission of blood borne infections such as hepatitis B, and HIV [3].

intestine to become established and to produce vitamin K, which is essential for the production of prothrombin in the liver. Thus, it is safer to wait until a child is 10 days old before extracting the tooth and it is such information which traditional don't consider [18].

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Despite the availability of lifesaving interventions in the health facilities, inadequate care-seeking is still being reported for neonates, Parent highly believes that these false teeth cannot be treated by health workers and takes the affected child to the traditional healer.

CONCLUSION

The False Tooth Extraction in Uganda is a real health problem that needs further investigation and appropriate intervention that may bring about changes in people's attitudes and practice in behaviour health seeking.

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Poor knowledge is associated with delay in care-seeking, Waiswa et al. model estimated that delay in recognizing a problem and deciding to seek care accounted for half of all newborn deaths in eastern Uganda [3].

Little information is available about complications and outcome of neonate who experiences this harmful belief and practice of False Tooth Extraction in Ugandan.

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