



SDI Review Form 1.6

Journal Name:	Asian Journal of Dental Sciences
Manuscript Number:	Ms_AJDS_64850
Title of the Manuscript:	RIGA-FEDE DISEASE ASSOCIATED WITH NATAL TEETH IN A PREMATURE FEMALE CHILD : A CASE REPORT
Type of the Article	Case study

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment (my comments and suggested changes/additions are written in red)	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	<p>INTRODUCTION</p> <ul style="list-style-type: none"> In 1950, Massler and Savara introduced the currently unremarkably used terms "natal teeth" for teeth gift at birth and "neonatal teeth" for teeth that erupt at initial first thirty days of life^[1]. Massler & Savara reference is number 2 in the reference list not 1. Kindly recheck in-text citation of all references. Natal teeth aren't common. They are not constant as natal teeth. The two sentences are not connected and non-understandable. Kindly rewrite them. Natal teeth unit encountered lots of usually than natal teeth in associate approximate magnitude relation of 3:1 with an even bigger predilection for women. The sentence is non-understandable. Kindly rewrite In 1997, Hebling classified natal teeth into four varieties supported the clinical appearance^[6]: Hebling reference is number 5 in the reference list not 6. Kindly recheck in-text citation of all references. The presence of teeth at birth might cause the event the event disease which is able to seem as traumatic ulcers which might be unremarkably placed on the ventral surface of the tongue or lip and so the mother's breast^[7]. The lesion is usually unifocal, though multifocal lesions and recurrences are rumored^[8,9]. Despite being usually well The clinician's information of this entity is extremely important to provide an efficient treatment. Constant trauma will produce enough injury to interfere with diet and have an impact on the nutrition of the patient, as was the case in our patient, therefore, it is necessary to supply timely treatment for these patients and it must begin guardedly, orientated to eliminate the provision of the trauma^[10]. Treatment must begin guardedly and concentrate on eliminating the provision of the trauma. Failure to properly diagnose and treat this injury will cause dehydration and inadequate nutrient intake with different medical sequelae.^[9] <p>CASE REPORT</p> <ul style="list-style-type: none"> The teeth were surrounded by yellowish deposits. the dimensions of crown, shape and therefore the appearance were like normal teeth. The gingiva perceived to be slightly swollen. The maxillary and remainder of mandibular gum pads, dorsum of the tongue and intraoral mucosa was normal (Figure 2). Inspection of the ulcer revealed a large lesion on the ventral surface of the tongue with a white fibrous plaque on the surface. More details and findings related to the clinical examination should be mentioned here such as lesion size, exact location,.....etc. I suggest rewriting as follows: Inspection of ventral surface of the tongue revealed a large ulcerative lesion with a white fibrous plaque on the surface. Lesion size wasmm x ...mm extending from (tip of the tongue anteriorly to). <p>DISCUSSION</p> <ul style="list-style-type: none"> This article presents the a case report of a natal tooth teeth belonging to the conventional series of the deciduous dentition, present since birth, in an exceedingly ten day-old infant. The occurrence of a natal or neonatal tooth represents an alteration to the chronology of primary tooth eruption, considered rare^[2]. In most cases, they're small, yellowish in color and with insufficient root development. The exact etiology is unknown. I suggest to add a paragraph here discussing the disorders that this condition might be associated with and the differential diagnosis for tongue ulceration. Two references can be suggested for this purpose: 	



	<p>Costacurta M, Maturo P, Docimo R. Riga-Fede disease and neonatal teeth. <i>Oral Implantol (Rome)</i>. 2012 Jan;5(1):26-30. Epub 2012 Jul 17. PMID: 23285403; PMCID: PMC3533976.</p> <p>Luiz Evaristo Ricci Volpato, Cintia Aparecida Damo Simões, Flávio Simões, Priscila Alves Nespolo, and Álvaro Henrique Borges. Riga-Fede Disease Associated with Natal Teeth: Two Different Approaches in the Same Case. <i>Case Reports in Dentistry Volume 2015, Article ID 234961, 4 pages</i> http://dx.doi.org/10.1155/2015/234961</p> <ul style="list-style-type: none">• Upon clinical examination, no evidence of excessive tooth mobility within the natal tooth was found, despite the x-ray having verified that root development was inadequate. <i>This information belongs to clinical and radiographic examination, therefore should be moved from the discussion section to the case report section.</i>• An extreme treatment would involve the extraction of the natal tooth, which is suggested within the case of a supernumerary tooth, when related to Riga-Fede syndrome .which is one in all major complication from neonatal teeth, that's an ulceration on the ventral surface of the tongue caused by tooth's sharp incisal edge. <i>Very long complex sentence, not easy to understand. I suggest to fragment/rewrite it as two sentences.</i>• Zhu and King^[4] reported that there was no relationship between wounding of the mother's nipple and therefore the presence of natal teeth since the tongue is interposed between these teeth and also the nipple during breastfeeding. Thus, traumatic injury would occur only to the baby's tongue.• In our case, which belongs to immature and category 2^[5], hence natal teeth were extracted. <i>I recommend to remind the reader here with the definition of category 2, for example: In our case, natal teeth belonged to Hebling's category 2^[5], where the crowns are solid but with tiny or no roots.</i>• Natal teeth are present with varying degrees of enamel hypoplasia, pulp vascularity and dentinal structure abnormalities like presence of irregular interglobular dentin with irregular arrangement of dentinal tubules ^[16,17], lesser number of dentinal tubules within the cervical a part of the crown^[18] . <i>No point of mentioning these features of the natal teeth without being connected with the features of the reported case.</i>• Risks for the kid because of presence of natal teeth includes (i) risk of swallowing or aspiration if the tooth is excessively mobile (ii) ulceration on the ventral surface of tongue due to sharp incisal edges (iii) possibility of traumatic injury (iv) their presence may cause soreness within the new born and (iv) they may interfere with breastfeeding with resultant feeding refusal and growth retardation. Difficulties for the mother because of presence of natal teeth (i) inconvenience during suckling and (ii) Injury to the mother's breast like lacerations. <i>I strongly suggest to move this paragraph from the discussion section to the introduction section</i>• For the Pediatric dentist due to presence of natal teeth (±) before extraction or after diagnosis, a radiograph must be taken to seek out out whether the tooth may be a of normal dentition or is supernumerary [19]. <i>I suggest to give and mention here the % of natal teeth as being one of the normal dentition units and as a supernumerary teeth, and discuss the several management options (the references mentioned above could be helpful) In addition, discuss here your radiographic findings and your justification for choosing the extraction option. I suggest referring to the following reference: Hegde R J. Sublingual traumatic ulceration due to neonatal teeth (Riga-Fede disease). <i>J Indian Soc Pedod Prev Dent</i> 2005;23:51-2</i>	
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<p>Minor REVISION comments</p>	<p>Editing and Grammar mistakes Abstract Natal and Neonatal teeth area unit though not common tooth development process anomalies, they are oftentimes a section of teeth anomalies. The prevalence has been determined between one in 2000 to 3500 live births. The aim of this paper is to report a case of a ten-day-old baby with a natal teeth in mandibular anterior region associated with ulceration on ventral surface of the tongue. Clinical presentation disclosed a natal teeth with no mobility within the mandibular anterior region and Riga–Fede disease. The treatment plan ned was to extract each the natal teeth followed by surgical operation of the extraction socket to forestall aspiration, swallowing of teeth, and for early resolution of lesion. Satisfactory healing of lesion lesion was resolute at ten days follow up visit.</p>	
<p>Optional/General comments</p>	<p>References are few and one third of the list is very old, I suggest to add more recent studies such as the three references I recommend above, in addition to other published papers e.g. Valderrama-Iracheta L, Hernández-Trejo KE, Rosales-Solis GM (2020) Natal teeth associated with Riga-Fede disease (Sublingual traumatic disease/traumatic lingual ulceration): A case report and review of literature. Clin Microbiol Infect Dis 5: DOI: 10.15761/CMID.1000174. Jamani, N.A., Ardini, Y.D. & Harun, N.A. Neonatal tooth with Riga-Fide disease affecting breastfeeding: a case report. Int Breastfeed J 13, 35 (2018). https://doi.org/10.1186/s13006-018-0176-7</p>	

PART 2:

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<p>Are there ethical issues in this manuscript?</p>	<p><i>(If yes, Kindly please write down the ethical issues here in details)</i></p>	

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