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SCIENTIFIC LETTER

Diagnosis of Riga–Fede Disease

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To the Editor: Riga-Fede disease is a benign, reactive soft tissue disorder in neonates and infants characterized by ulceration of the ventral surface of the tongue, often caused due to continuous injury from backward and forward movements of the tongue over the mandibular anterior teeth [1]. It commonly appears as ulcer on the ventral surface of the tongue (60%) however other areas of lip, palate, gingiva, vestibular mucosa and floor of the mouth can also be affected [2]. The lesion was first described by Antonio Riga, an Italian physician in 1881. In 1890, Francesco Fede published the first histological studies and hence it was called "Riga-Fede disease".

A 45-days-old female infant came to the department of oral medicine and radiology with chief complain of tooth present in lower anterior region since birth and ulceration on the ventral surface of the tongue. The mother reported difficulty in breast feeding. On intraoral examination there was a circular painful ulcer of 10 × 8 mm diameter, covered with a whitish-grey fibrinous layer located on the antero-ventral surface of the tongue, in contact with the incisors (Fig. 1). The family history was non-contributory for any developmental disorders. History and examination confirmed the diagnosis of Riga Fede disease. Extraction of natal tooth was done under local anesthesia. After 3 week, there was complete healing of extracted socket as well the baby started feeding.

The etiology behind natal and neonatal teeth is unknown but number of factors has been involved including familial pattern, endocrinal disturbances, osteoblastic activity within the tooth germs, and association with syndromes and systemic conditions [3]. Several treatments for Riga Fede disease have been described, all of which aim at eliminating the source of trauma. In mild or moderate cases, smoothening of the incisor edges may be used but in severe traumatic ulceration, extraction of the teeth is done [4]. The teeth in Riga Fede disease generally interfere with proper suckling or feeding and may put the baby at risk for nutritional deficiency. The mobile nature of teeth may predispose aspiration of teeth by the baby. Hence, dental intervention is must at right time to avoid any emergency.

Fig. 1 Ulceration on ventral surface of tongue in the index case

Compliance with Ethical Standards

Conflict of Interest None.

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