



Riga Fede Disease - A Case Report

Authors

Dr M. Khaja Khalid Nawaz, Dr Santham Krishnamurthy,

Dr G.S. Sivaraman Sivakumar, Dr Selvabalaji, Dr Nazriya Nawaz

Department of Oral & Maxillofacial Surgery, Dr. H. Gordon Roberts hospital East Khasi Hills, Jaiaw, Shillong, Meghalaya, India – 793002

Corresponding Author

Dr M. Khaja Khalid Nawaz

Consultant Oral & Maxillofacial Surgeon, Hospital quarters, Dr.H. Gordon Roberts Hospital East Khasi Hills, Jaiaw, Shillong, Meghalaya, India – 793002

Email: khalidnawazm@yahoo.com, Phone no: 9444433030, Fax number: 0364 2242197

Abstract

Riga Fede disease is a chronic traumatic ulceration occurring on the ventral surface of tongue in neonates and infants. They are often associated with natal, neonatal teeth and erupted deciduous lower incisors. In this article we report a case of a one month old female baby, who had a severe traumatic ulceration on the ventral surface of the tongue. Extraction of the neonatal teeth was performed to make the tongue atraumatic and allow healing.

Key words: Neonatal teeth, Riga Fede disease, Infants

Abbreviation: RFD - Riga Fede disease.

INTRODUCTION

Riga-Fede disease is a traumatic ulceration on the ventral surface of tongue, most often associated with natal teeth, neonatal teeth and erupted deciduous lower incisors. Antonia Riga, an Italian physician was the first to report this condition in 1881, while the first histological examination was described by Fede in 1890¹. Trauma to the tongue may result in surface ulceration. The ulceration may remain for a long period of time, resulting in inadequate food intake and feeding difficulties². We are reporting a case of Riga Fede Disease in a one month old female baby with a severe

traumatic ulceration on the ventral surface of the tongue.

CASE REPORT

A one week old female baby was brought to the dental OPD by her mother with the complaint of tooth present at birth. Intra oral examination revealed the presence of neonatal tooth in lower incisal region which needs extraction. Patient's mother was not willing for extraction in spite of explaining the complications. Three weeks later the baby was brought again with an ulcer on ventral surface of the tongue. There was difficulty in feeding. The ulcer was present almost for a

week and was smooth, reddish in colour and replicates the tooth form with regular border (fig 1). On palpation of ulcer the child elicit significant painful response. Based on thorough history and examination, the condition was diagnosed as Riga Fede disease. Informed consent was obtained and extraction of neonatal teeth was then performed (fig 2). The patient was recalled after four weeks and complete healing was obtained.



Figure 1: Ulcer replicating the tooth form.



Figure 2: Extracted teeth

DISCUSSION

Riga Fede disease was first described by Antonio Riga, an Italian physician, in 1881 and Fede, the founder of Italian pediatrics, subsequently published the histological studies in 1890. It has therefore become known as Riga Fede disease. It is a reactive traumatic mucosal disease characterized by persistent ulcerations of the oral mucosa. It develops as a result of continuous

trauma of the tongue by the mandibular incisor teeth during the protrusive and retrusive movements. This condition is most commonly observed in newborns and the beginning of the lesions usually coincides with the eruption of the primary teeth³. RFD is a benign condition; it may also be associated with Riley-Day syndrome, Congenital Autonomic dysfunction, Microcephaly, Lesh-Nyhan syndrome and Tourette's syndrome⁴.

Dominguez-Cruz et al proposed a new classification of RFD; they are classified into precocious and late. The "precocious RFD" is associated with natal-neonatal teeth, it appears in the first 6 months of the life and has no correlation with neurological disorders; the "late RFD" typically appears after 6–8 months of life, with the first dentition, and may be related to neurological disorders⁵. Clinically RFD appears as an ulcer localized on the tongue and can be asymptomatic or occasionally associated with pain. It is usually unifocal, though multi-focal lesions and recurrences will be there occasionally. Both the sexes are equally affected and common in infant's. RFD is mostly associated with the eruption of primary lower incisor in older infants or natal teeth and neonatal teeth in newborns⁶.

The management of RFD are cellulose film, protective dental appliance, oral disinfectant, topical steroids, incisal reduction, restoring the incisal edges and extraction. In our present case extraction of the neonatal teeth was performed.

REFERENCES

1. Amberg S. Sublingual growth in infants. *Am J Med Sci.* 1902; 126:257-69.
2. Costacurta M, Maturo P, Docimo R. Riga-fede disease and neonatal teeth. *Oral & implantology.* 2012; 5(1):26-30.
3. Ceyhan AM, Yildirim M, Basak PY, Akkaya VB, Ayata A. Traumatic lingual ulcer in a child: Riga-Fede disease. *Clin Exp Dermatol.* 2009; 34(2):186–8.
4. Choi SC, Park JH, Choi YC, Kim GT. Sublingual traumatic ulceration (a Riga-

- Fede disease): report of two cases. Dent Traumatol. 2009; 25(3):e48–50.
5. Domingues-Cruz J, Herrera A, Fernandez-Crehuet P, Garcia-Bravo B, Camacho F. Riga-Fede disease associated with postanoxic encephalopathy and trisomy 21: a proposed classification. Pediatr Dermatol. 2007; 24(6):663–5.
 6. Joseph BK, BairavaSundaram D. Oral traumatic granuloma: report of a case and review of literature. Dent Traumatol. 2010; 26(1):94–7.