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Teething complications, a persisting misconception

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Summary

Fifty children were admitted to hospital with symptoms of illness that were attributed, by the parent or general practitioner, to the process of teething in the course of one year.

In all but 2 cases an organic cause, other than teething, could be found and the most serious conditions were meningitis in one patient and febrile convulsion in 11.

Introduction

Teething has traditionally been the explanation for a variety of symptoms and signs in the young child, both by parents and their doctors (Tasanen, 1968). 'Teething convulsion' was a frequent diagnosis until recent times, and symptoms of upper respiratory tract infection are persistently blamed on the eruption of teeth.

The fact that this diagnosis label is used to trivialize the child's symptoms or perhaps to ignore them completely, gives concern to paediatricians.

Material and method

A prospective study of the frequency of this diagnostic label was made in children admitted to hospital over a period of one year. The parents of 50 children volunteered teething as a cause of their children's illness, and in 11 cases this diagnosis was first suggested by the general practitioner. Each case was fully investigated by standard hospital in-patient procedures.

Results

There were 28 male and 22 female patients with an age range of 3 to 30 months. The most common condition was upper respiratory infection, and in 12 patients this consisted of pharyngitis, tonsillitis and otitis media. Febrile convulsion was diagnosed in 11 children, wheezy bronchitis in 6 and infantile eczema in 3. Sixteen children were classed in the miscellaneous group, which included ammoniacal dermatitis, infected scabies, vomiting, irritability, balanitis and submandibular abscess. One child was suffering from *Haemophilus influenzae* meningitis, and in all but 2, evidence of an organic cause was apparent (Table 1).

TABLE 1. Cases in which teething was suggested by parent or general practitioner with the correct diagnosis in column 1

Diagnosis	Male	Female	Explanation by parent	Suggested by GP
Upper respiratory tract infection	7	8	14	1
Febrile convulsion	6	5	8	3
Wheezy bronchitis	4	2	2	4
Eczema	3	0	1	2
Meningitis	1	0	1	0
Miscellaneous	9	8	14	1
Irritability of unknown cause	2	0	2	0

Discussion

The literature on the subject of tooth eruption and its complications (Neaderland, 1952; Tanner, 1964; Radbill, 1965; Seward, 1969, 1971, 1972) is contradictory, subjective and unscientific. However, in a controlled study, Tasanen (1968) ascribed daytime restlessness, increased finger sucking, gum rubbing, drooling and loss of appetite to teething.

Honig (1977) analysed the opinions of 6 paediatricians practising in the Philadelphia area in 1977 and found that 18 considered that teething causes fever, 12 that it altered bowel habit, 10 that it caused skin rashes and only 5 that no signs or symptoms were attributable to teething.

The persistent use of this label by doctors and parents fulfils a need to explain changes observed in behaviour, growth and development of their child. Physiological hypersalivation and infantile eczema occur at 3 months; mouthing and biting of an object is normal behaviour at 6 months and upper respiratory tract infections are common between the ages of 6 months and 3 years.

Whereas it may be harmless to attribute these changes to teething, there is no evidence that tooth eruption either provokes convulsions in the normal child or that it causes fever (Tasanen, 1968). The use of this explanation may lead the doctor to ignore significant symptoms or to fail completely to diagnose serious disease.

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This study confirms the conclusion of others (Honig, 1977; Tasanen, 1968) that 'teething' as a diagnostic label should be avoided for all but the most trivial symptoms.

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