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Does Your Child Need a Revision of the Lingual Frenum?

The first time a parent hears that his or her child is tongue-tied usually brings an initial response such as "Why has no one ever mentioned this to me before ?" This is usually followed by a second and third question , "Is the procedure really necessary ?" and "What will happen if we do not do it ?" When you bring your child to my office a complete dental and oral examination is always completed. I will address with parents all my clinical and if needed x-ray findings. My diagnosis and recommendations are based on treating over 30,000 children since 1974 and the results of treating and not treating various oral conditions. Experience is the best teacher.

Diagnosis and rational for treatment of Ankyloglossia (Tongue-Tied):

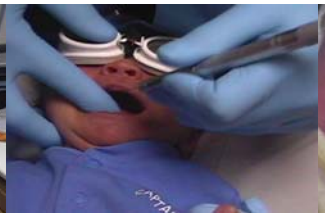
There are few current studies, recommendations or consensus on what constitutes an abnormal lingual attachment, which can lead to the diagnosis and treatment of ankyloglossia. Traditional medical teaching has been that the tongue-tie is of little relevance, will have no adverse sequelae, and can be ignored. A local physician recently stated to his patients that; "the frenum will stretch and that we no longer need to treat this condition." The reality is that a tongue-tie, by interfering with tongue mobility, can exert a harmful effect on many aspects of life. Ankyloglossia is a relatively common finding in the newborn population (approximately 3%) and represents a significant proportion of breastfeeding problems. One of the most misdiagnosed and an overlooked congenital abnormality observed in children is the abnormal attachment of the lingual frenum.

Academy of Breastfeeding Medicine suggests the following be used when evaluating whether a newborn requires a revision of the frenum.

Infant Factors to consider	Maternal Factors to consider
A. No latch	**A. Creased or blanched nipples after feeding: flattened**
B. Un-sustained latch	**B. Cracked, bruised or blistered nipples**
C. Slides off nipple	**C. Bleeding nipples**
D. Prolonged feeds	**D. Severe pain with latch**
E. Unsatisfied after prolonged feeds	**E. Incomplete breast drainage**
F. Falls asleep on the breast	**F. Infected nipples**
G. Gumming or chewing on the nipple	**G. Plugged ducts**
H. Poor weight gain or Failure to thrive	**H. Mastitis & nipple thrush**
I .Unable to hold pacifier	

Treatment of the tongue- tie revision in neonates with the Erbium:YAG laser usually does not require sedation or numbing agents. The newborn is placed on the dental auxiliary's or the dentist's lap and the tongue is gently elevated. The frenum is then revised. In most cases, 8 mm of freedom is adequate to allow for normal nursing. Additional revision maybe need at a later time if further problems arise.

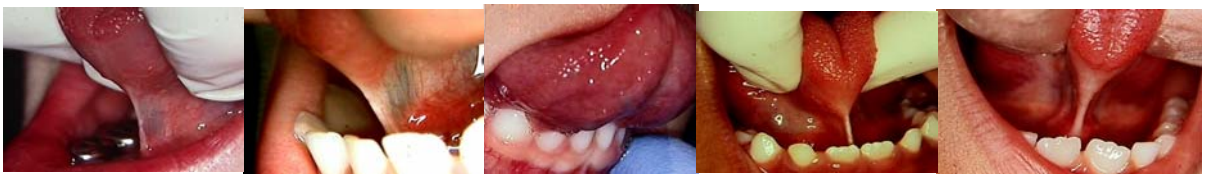
After the treatment is completed, children can immediately begin nursing and the mothers' have reported immediate relieve of pain, extended nursing and improved infant sleeping. Quality of life can be improved by an operation which is simple, brief, and virtually devoid of complications. In older children, prior to initiating extensive and often expensive speech therapy, revising the tongue will assist in correcting many speech abnormalities. Trying to educate or train the tongue to go to an abnormal position while it remains tied will only lead to frustration in a child.


When determining the need to revise the frenum in infants and children, the following guidelines are suggested:

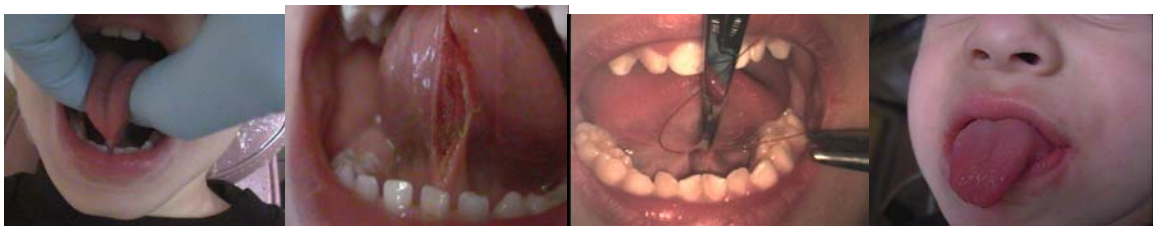
A. The lingual attachment should not create a diastema (gap) between the lower front teeth
B. The lingual attachment should not cause excessive force on the lower front teeth causing them to tip backward.
C. The lingual attachment should not cause severe blanching of the gum tissue behind the lower front teeth.
D. The lingual attachment should not prevent a normal swallowing pattern. The tongue should be able to lick the lips and allow the tongue to clean the tooth surfaces after eating.
E. The lingual attachment should not prevent a normal swallowing pattern. The tongue should easily touch the roof of the mouth.
F. The lingual attachment should not cause abrasion to the underside of the tongue.
G. An abnormal lingual attachment can interfere with certain eating pleasures.
H. Certain Social Activities **(**Importance and concerns here are *under reported* and *under expressed!)*
I. Does it affect speech?

Suggested Classification of Tongue-ties: (Based on distance of the insertion of the lingual frenum to the tip of the tongue)



Normal Class1 (mild) Class II (Moderate) Class III (Severe) Class IV (Complete)

Treatment of the revision using the ER: YAG laser in infants and older individuals



Pretreatment lack of mobility Frenum revised Placing a dissolvable suture Post-operative results

Treatment is relatively simple. The procedure requires a little numbing followed by a revision with the laser. Post-operative discomfort is usually limited to a few hours after the numbing has disappeared. In most cases, Tylenol or a similar discomfort relieving medication is all that is required. The laser is a much kinder method of revision, unlike electrosurgery ,which is actually a burn and the scalpel which cuts deeper than needed. There is little damage to adjacent tissue when using the laser, therefore healing is quicker and less post-operative discomfort occurs. In reality, the procedure is as simple as placing a filling. After treatment, avoid giving your child acidic liquids such as apple juice for a few days and hard foods which may irritate the area. A small white patch may develop at the revision site, which is normal and is not an infection. Rinsing the mouth with warm salt water or an over the counter peroxide rinse (Peroxyl) will assist healing the area. A post-operative follow-up appointment is necessary in one week.

If you have questions or would like further information please discuss it with Dr. Kotlow. Second opinions are always welcome. Just make sure the person who makes the recommendation has experience in both diagnosing and treating the problem. Patients are referred to this office for this procedure by physicians, dentists, speech pathologists and oral surgeons.