Pediatric Dental Care

Lawrence Kotlow DDS

Patient comfort and safety

1. All children are treated using the most up-to-date safe technology available.
2. All oral surgery treatments are completed using up to three different lasers.
3. The use of lasers promote healing and reduce post surgical discomfort.
4. Lasers eliminate the need for sutures in most patients.
5. All treatment is completed using microscopes to reduce damage to adjacent oral structures.
6. All needed x-rays are taken using computers and result in reduced patient exposure to radiation and reduced environmental contamination due to elimination of many of the materials and chemicals used when taking conventional dental x-rays.

Updates in Oral Pediatric Diagnosis

Ankyloglossia or Tongue Ties

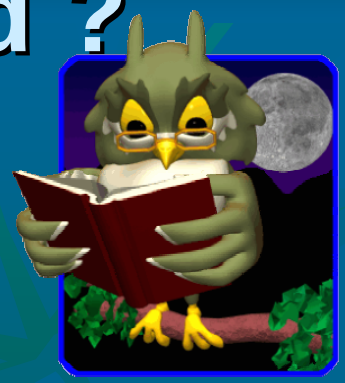
Preventive and interceptive medical/dental treatments

Lawrence Kotlow DDS

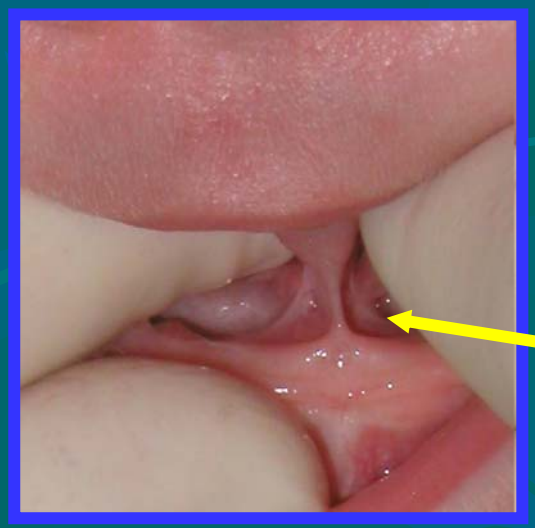
Board Certified Specialist In Pediatric Oral Care Since 1974

Advanced Proficiency in Erbium Laser Surgery by the Academy of Laser Dentistry

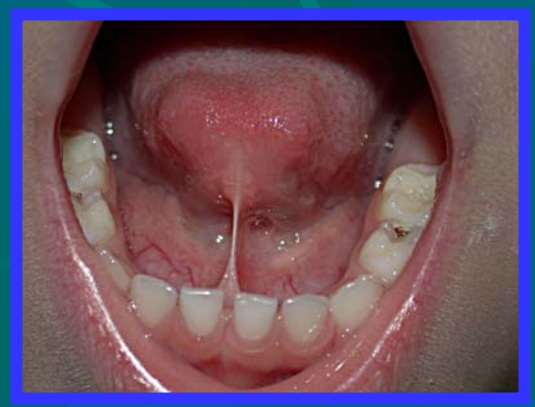
Is Your Child Tongue-Tied ?



Ankyloglossia: An abnormal attachment of the tissue under the tongue.

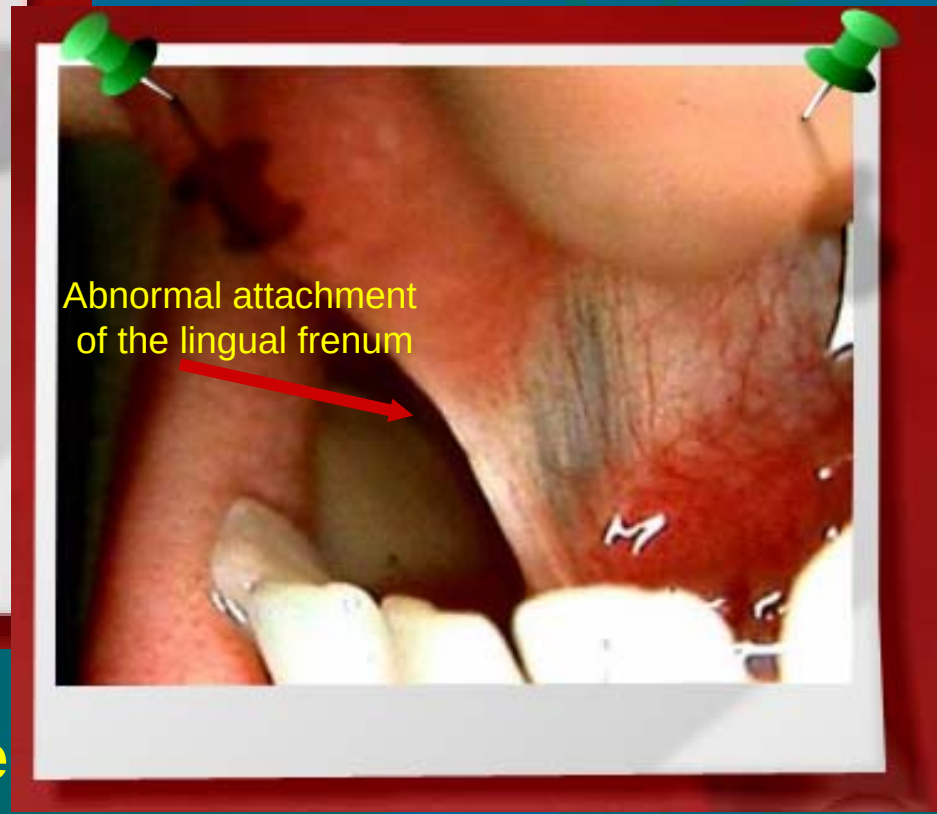


Short Lingual frenum on new born



Updates in Oral Pediatric Diagnosis

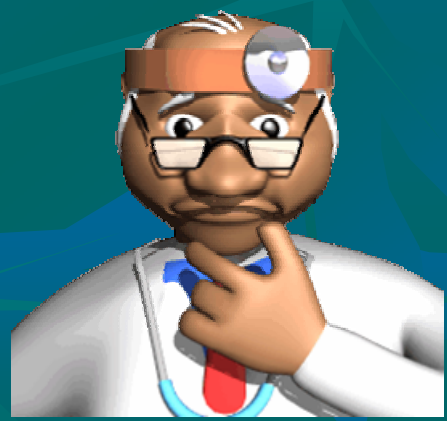
Normal anatomy of the underside of a child's tongue



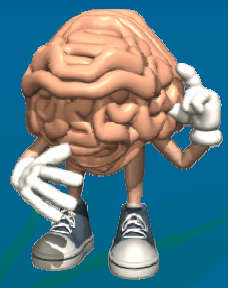
Abnormal attachment of the frenum on the underside of tongue

Is Your Child Tongue-Tied ?

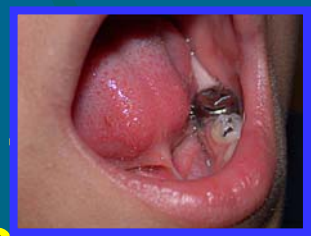
“Traditional teaching has been that the tongue tie is of little relevance, will have no adverse oral effects, and can be ignored.”



Is Your Child Tongue-Tied



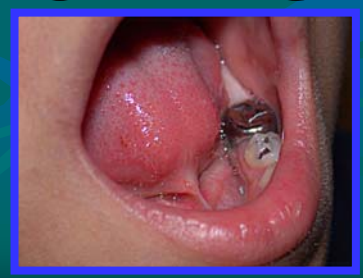
- The significance & treatment of a
- tongue-tie is often misunderstood and misdiagnosed due to old medical misconceptions and methods for treating condition. This is especially true when the recommendation in the past often required placing a child into the operating room under a general anesthesia for an elective procedure.



Is Your Child Tongue-Tied ?

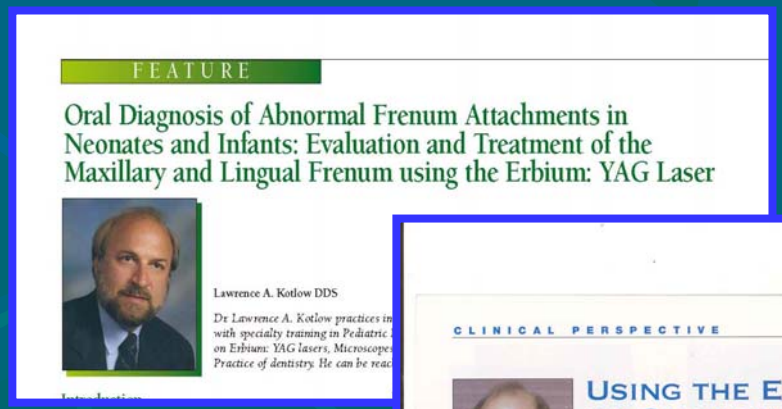
Updated oral health information:

- ”Tongue tie, by interfering with tongue mobility, can exert a harmful effect on many aspects of life.”



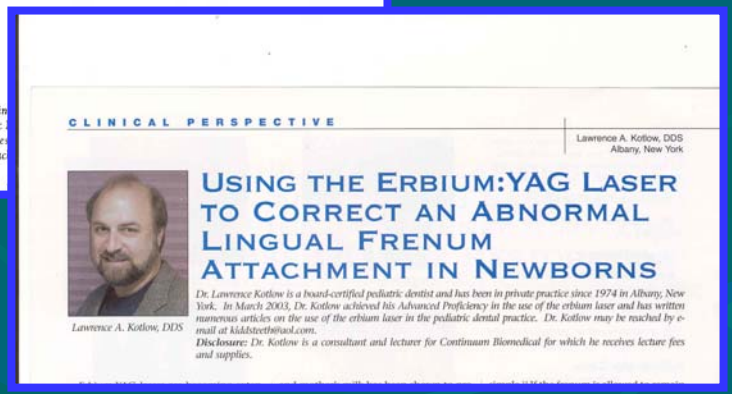
Articles and text books

- To assist healthcare professionals diagnose and treat problems associated with tongue ties. I have published articles and contributed a chapter the well respected text “Dental Clinics of North America” , based on my experience and success in treating this condition. All of this information is available for downloading from my web site.


FEATURE

Oral Diagnosis of Abnormal Frenum Attachments in Neonates and Infants: Evaluation and Treatment of the Maxillary and Lingual Frenum using the Erbium: YAG Laser

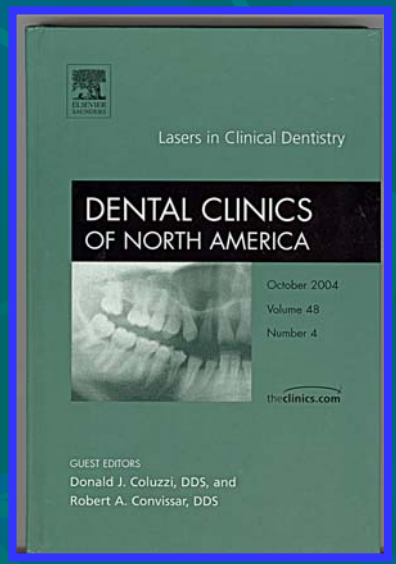
Lawrence A. Kotlow DDS

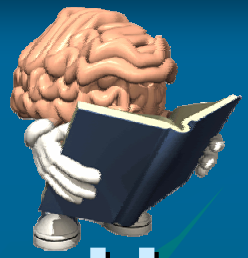

CLINICAL PERSPECTIVE

Lawrence A. Kotlow, DDS
Albany, New York

USING THE ERBIUM:YAG LASER TO CORRECT AN ABNORMAL LINGUAL FRENUM ATTACHMENT IN NEWBORNS

Lawrence A. Kotlow, DDS

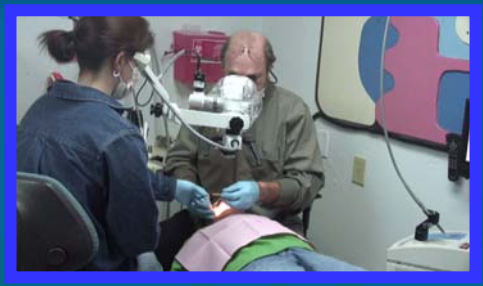


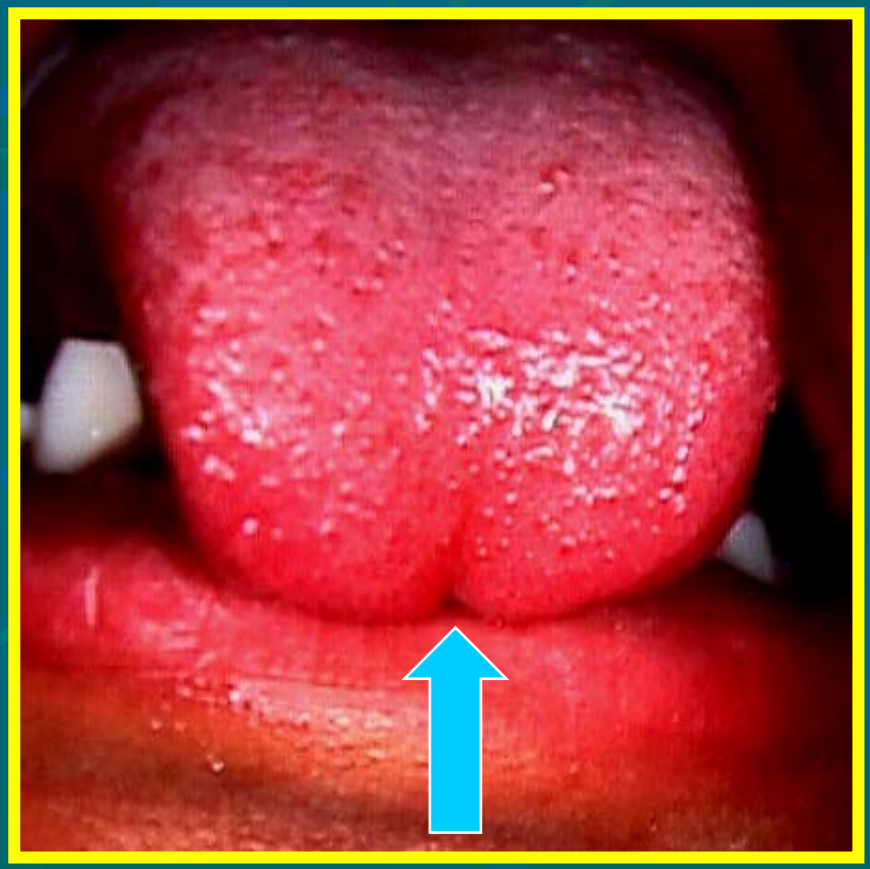


Updated diagnosis & treatment recommendations for tongue-ties

- **Diagnostic Criteria used to determine when a**
- **Tongue –Tie requires revision.**

Diagnostic Criteria

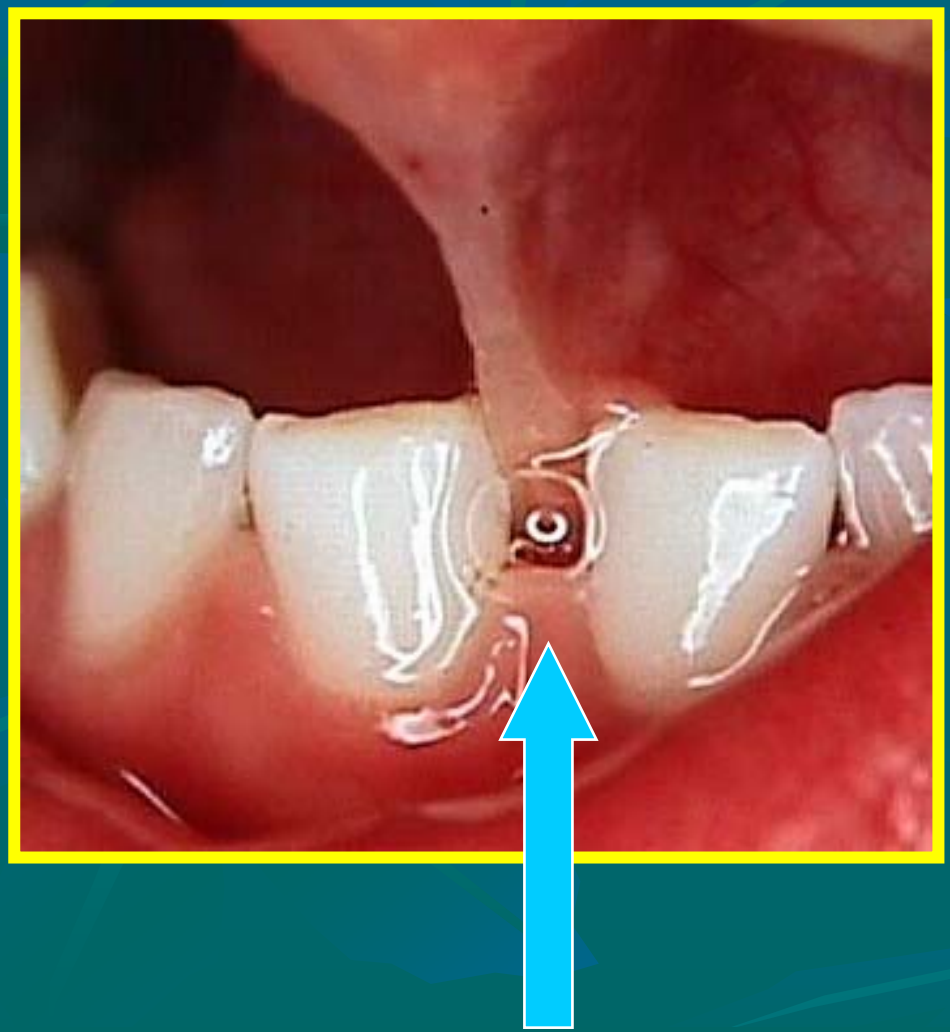




Cleft of border of tongue

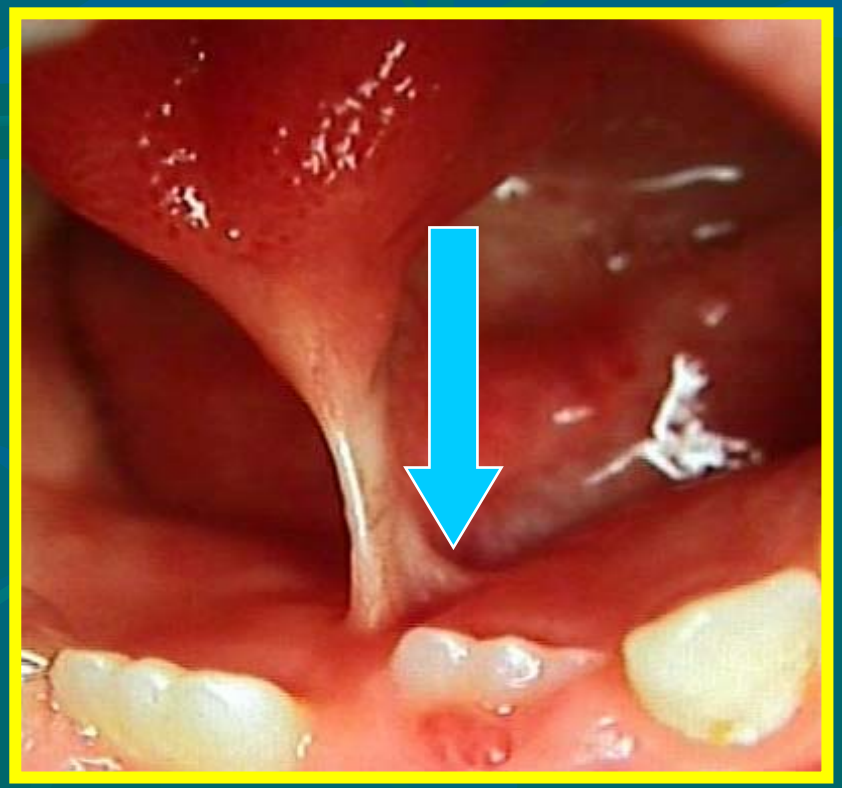
- The tip of the tongue should be able to protrude outside the mouth without causing clefting of the front border of the tongue.

Diagnostic Criteria



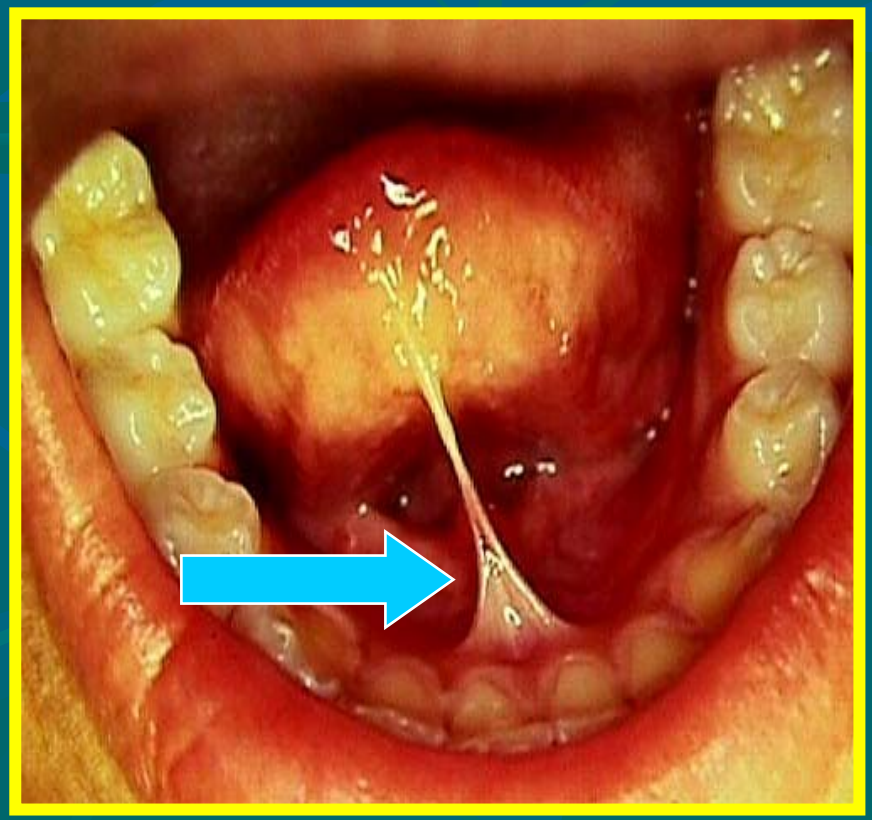
- The lingual attachment should not create a diastema (gap) between the lower front teeth.

Diagnostic Criteria



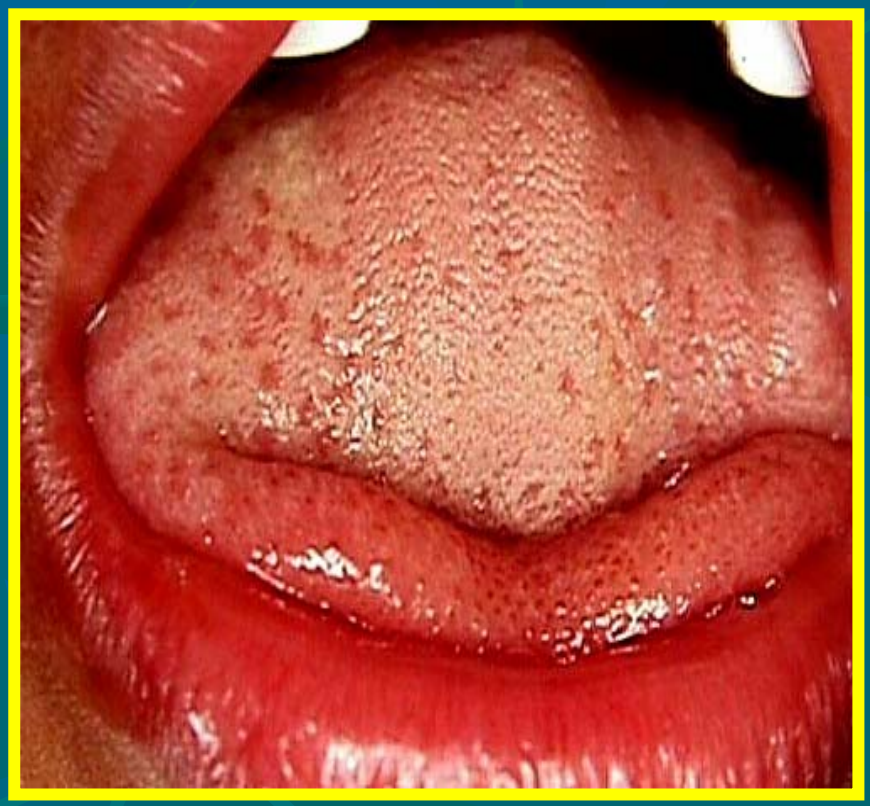
- The lingual attachment should not cause excessive force on the lower front teeth causing them to tip backward.

Diagnostic Criteria



- The lingual attachment should not cause severe blanching of the gum tissue behind the lower front teeth.

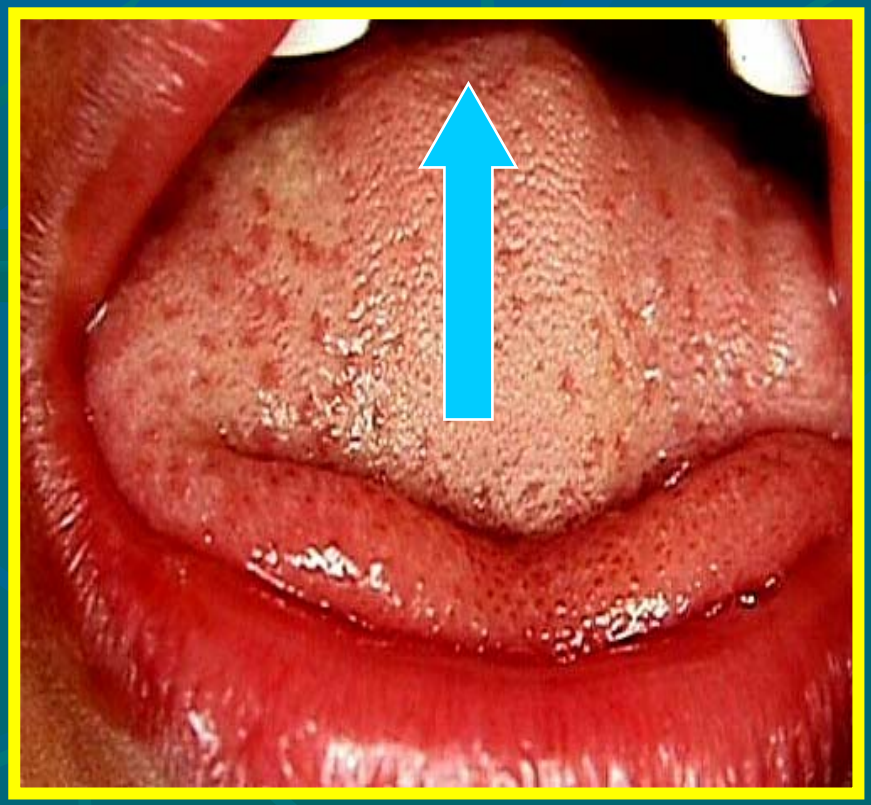
Diagnostic Criteria



- **The lingual attachment should not prevent a normal swallowing pattern. The tongue should be able to lick the lips.**

Without the free movement of the tongue many food particles may not be removed by the tongue's normal sweeping action and correct movement of oral fluids.

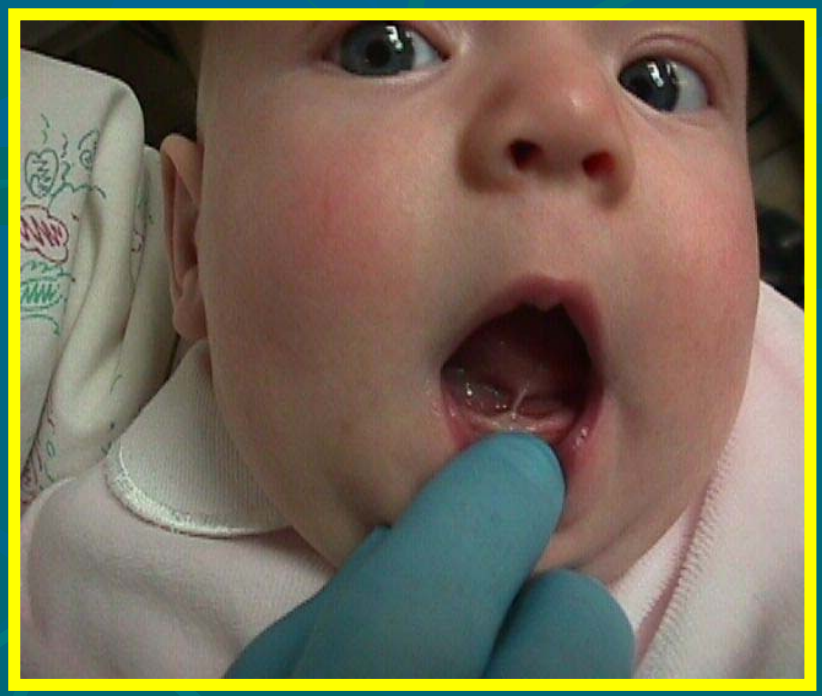
Diagnostic Criteria



- The lingual attachment should not prevent a normal swallowing pattern. The tongue should easily touch the roof of the mouth.

Diagnostic Criteria

Please visit my web site or the Academy of Pediatrics web site for more valuable information concerning nursing



Nursing mother's can suffer nipple damage, pain or mastitis,

- The lingual attachment should not interfere with nursing or cause mothers pain

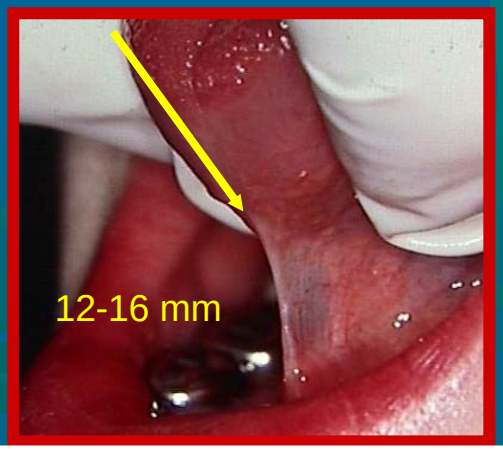
Diagnostic Criteria

An abnormal lingual attachment can interfere with certain eating pleasures !

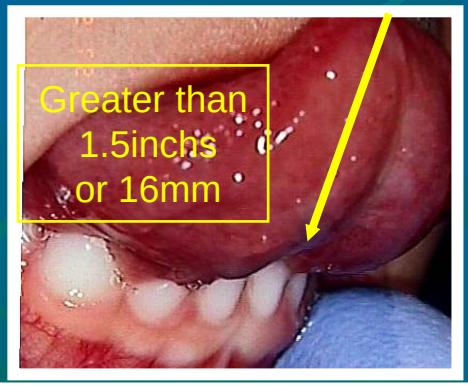
Diagnostic Criteria

Certain Social Activities

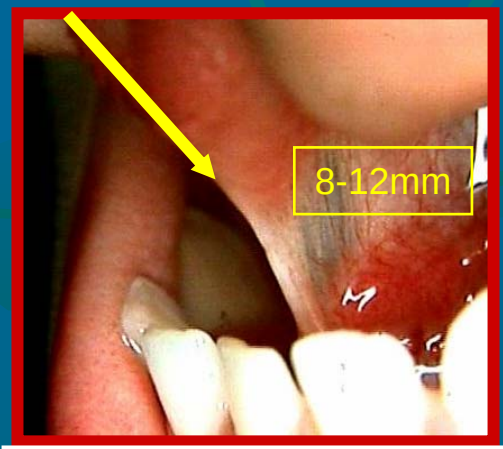
Classifications of Tongue-Ties



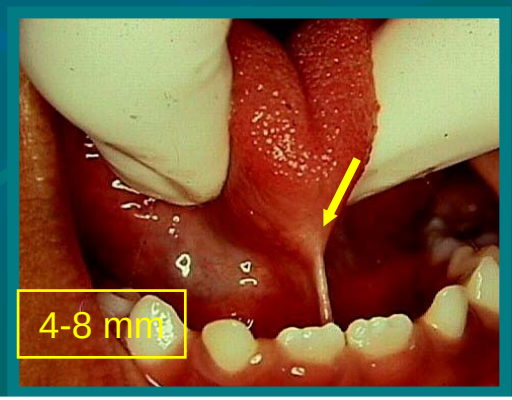
CLASS 1
MILD



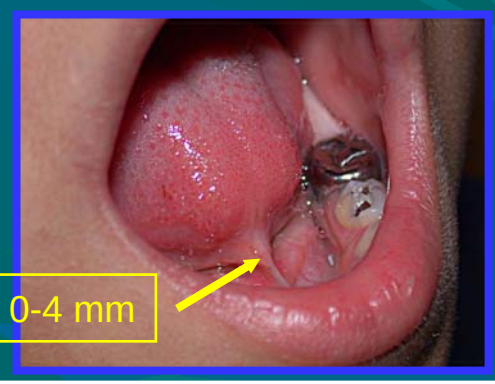
NORMAL RANGE OF MOTION



CLASS II
MODERATE



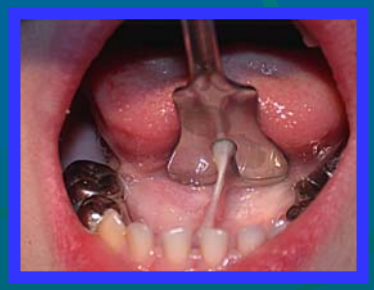
CLASS III-SEVERE

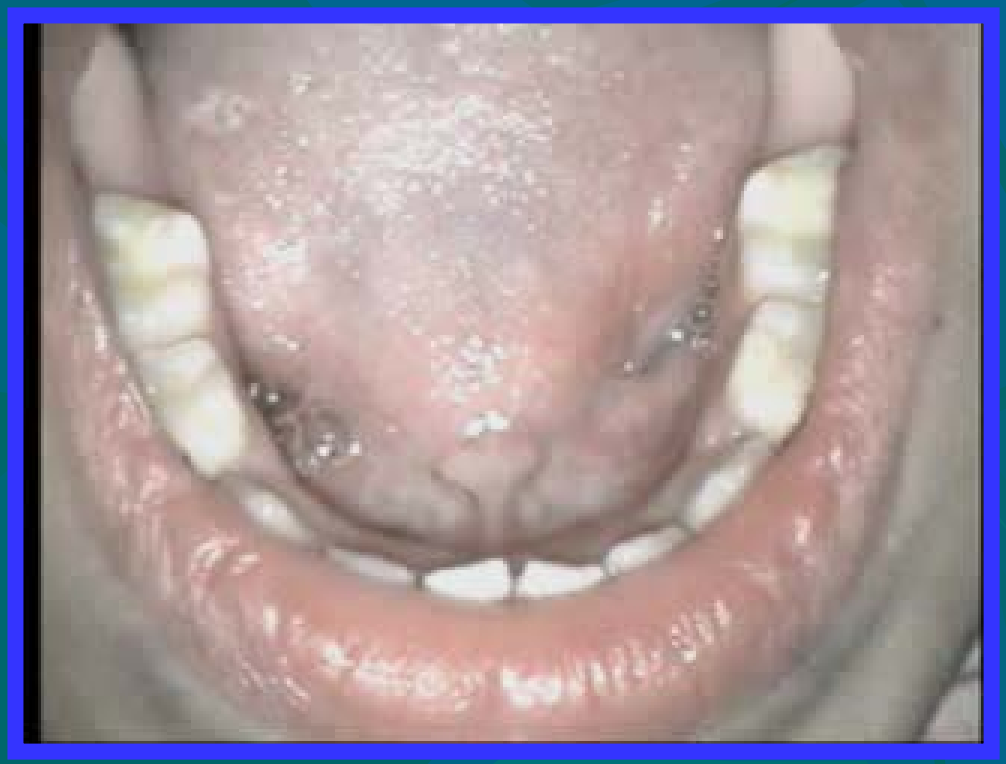


CLASS IV- COMPLETE

In- Office Treatment and Release of Tongue-Tie

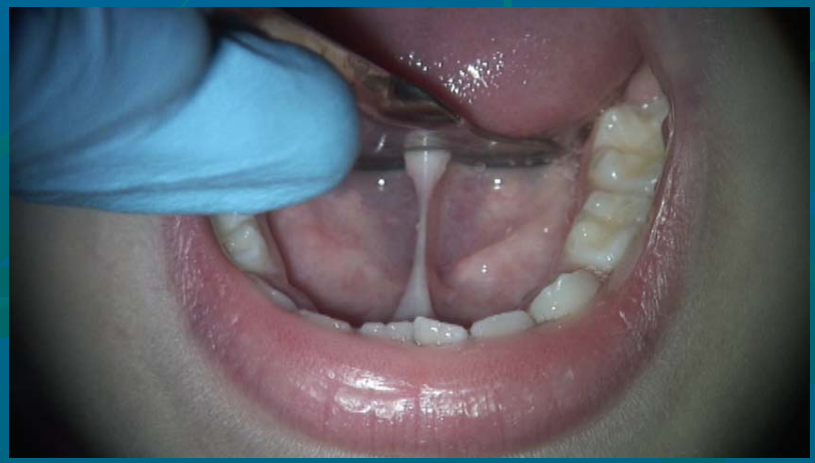
Local anesthesia : may or may not be required when revision is completed with the Erbium laser.

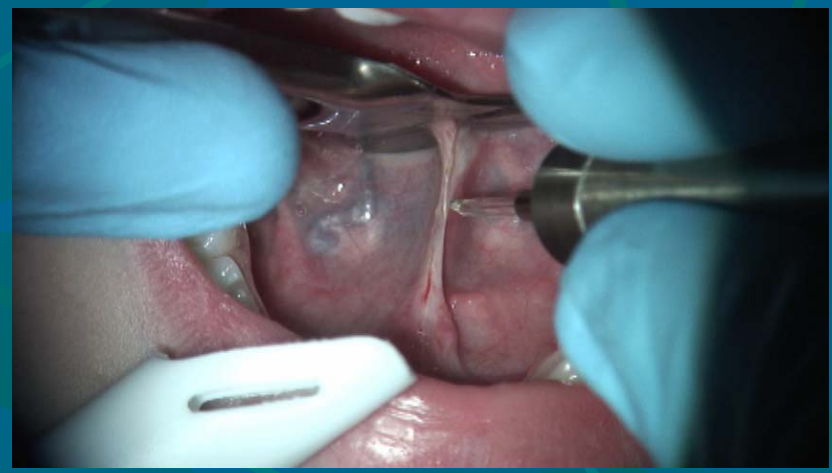


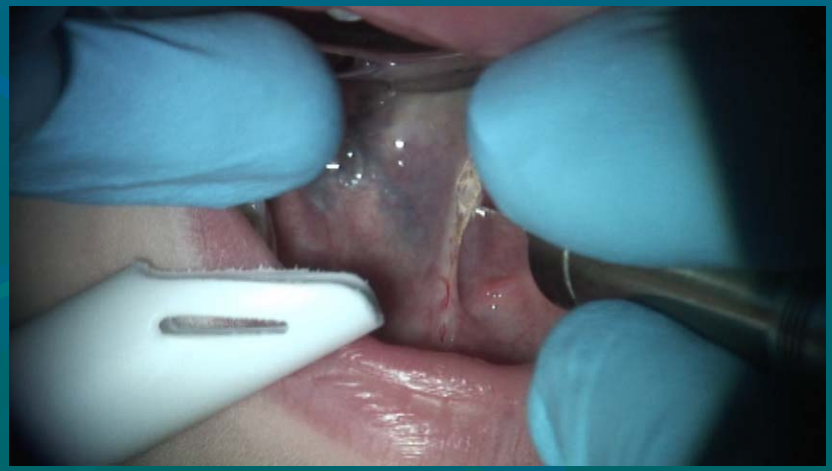


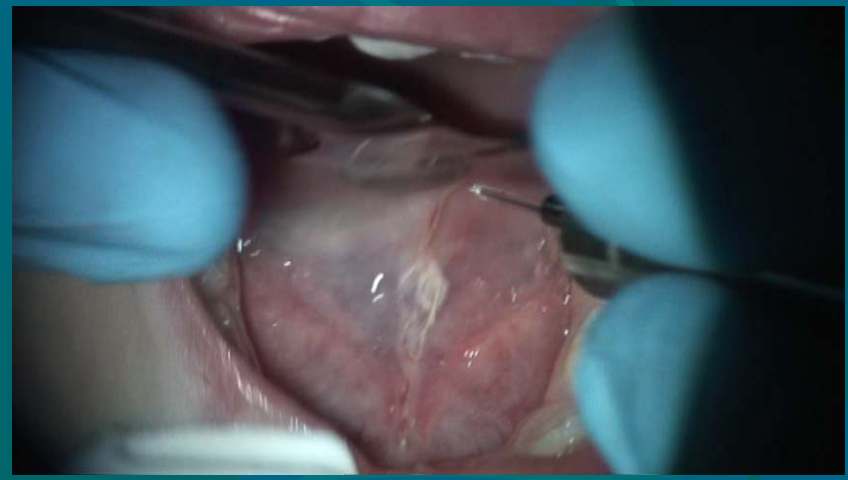
Sutures are usually not required .

Revising the abnormal lingual frenum



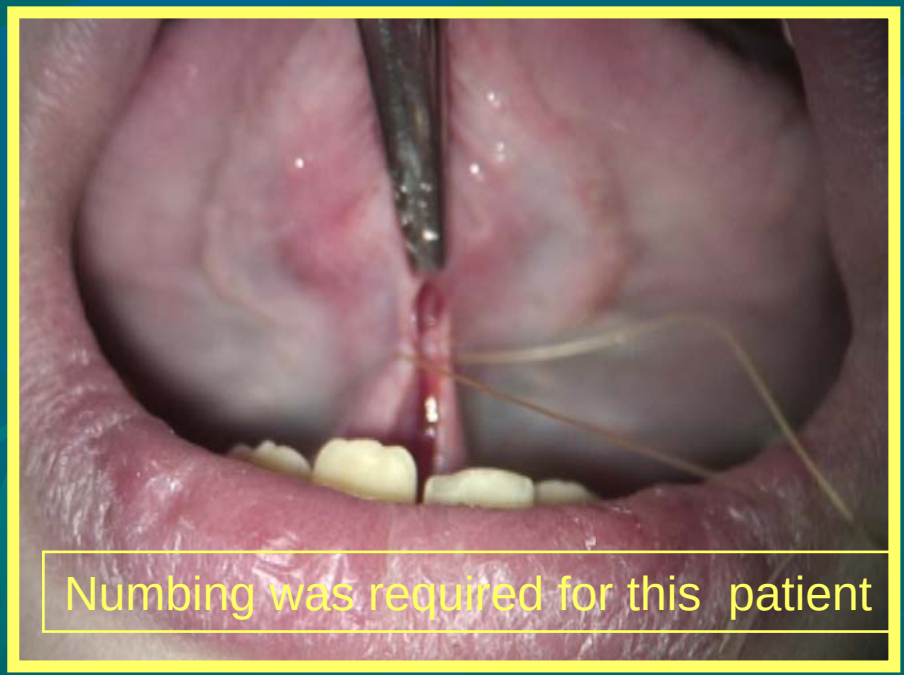


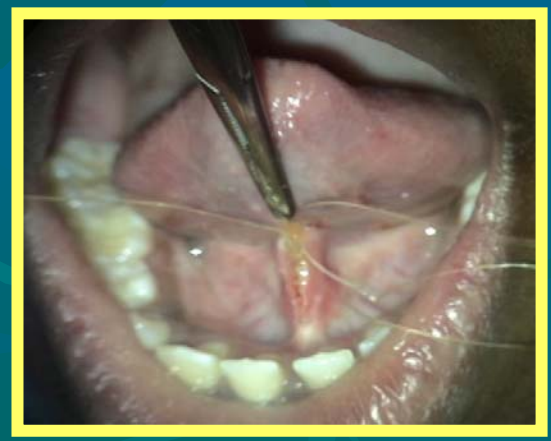




No numbing was needed for this revision

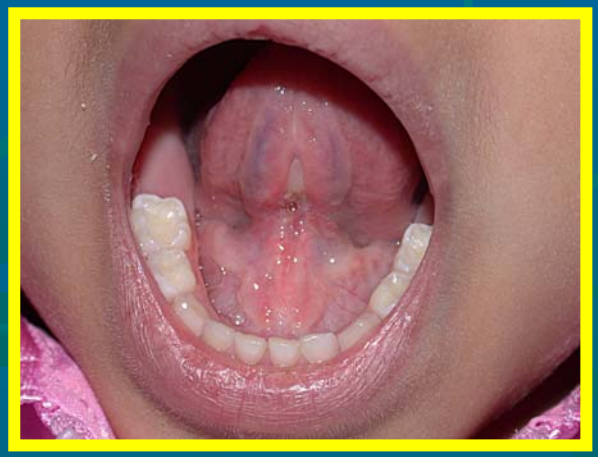
More severe and thicker revisions may require numbing and one or two small sutures to prevent the frenum from reattaching

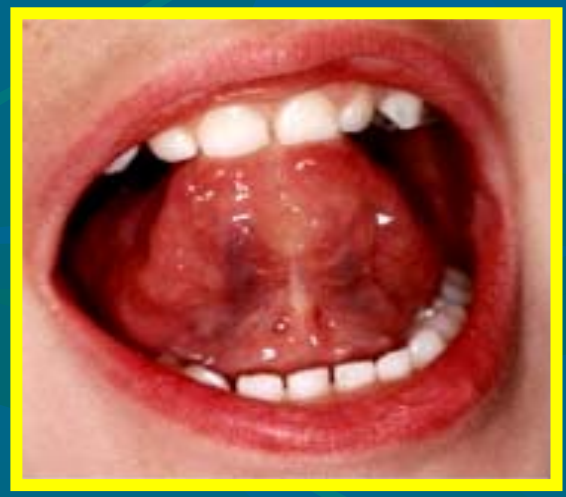


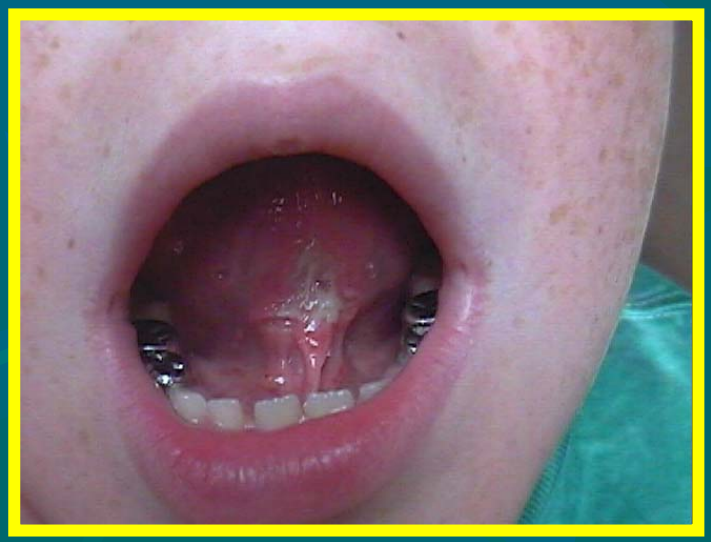


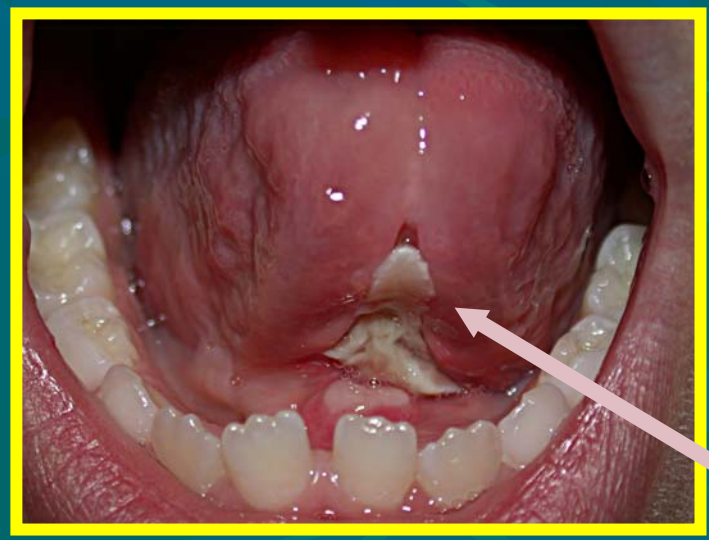
Placing a dissolvable suture to prevent reattachment

One week following laser surgery





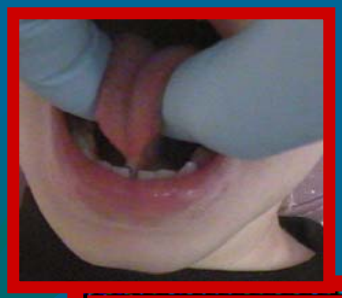


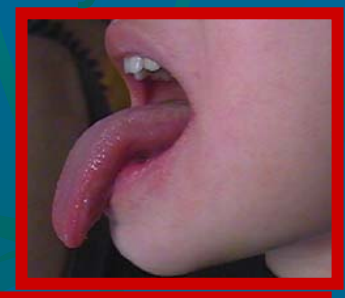


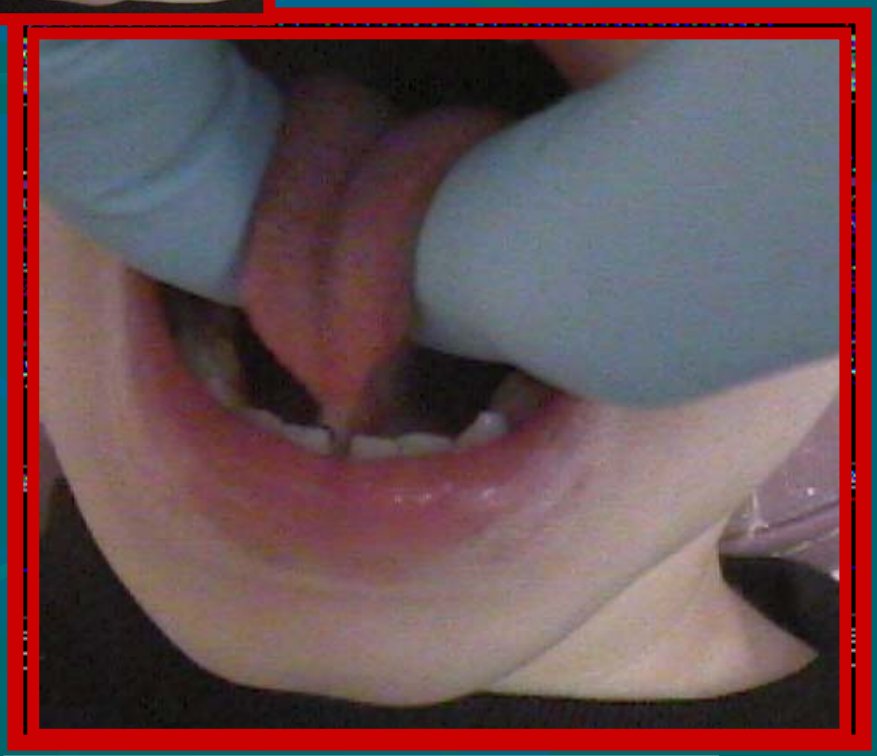
Normal oral healing area

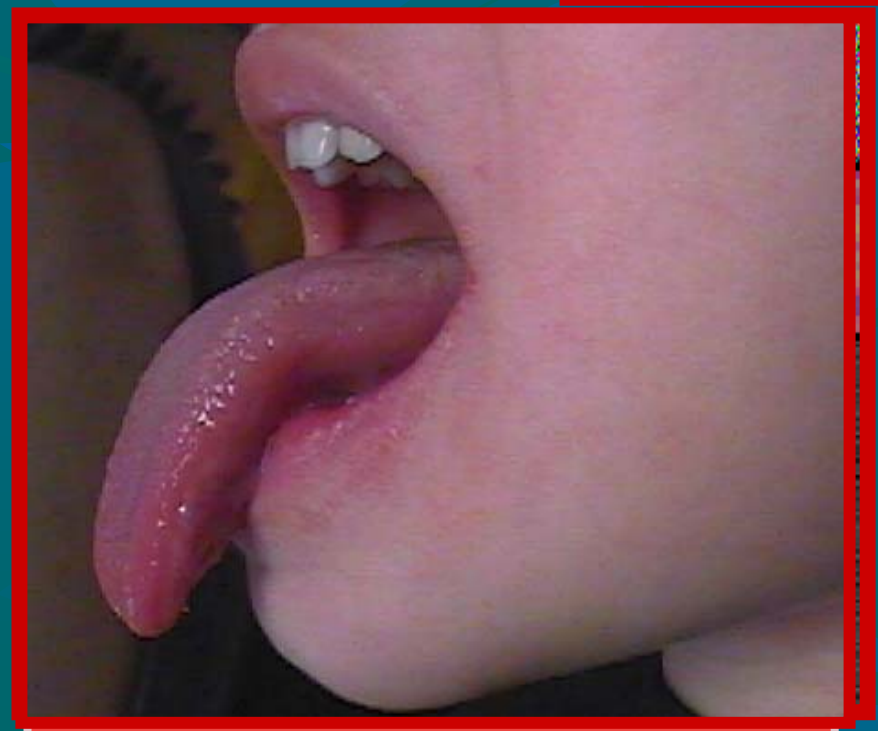
Safe and Simple in-office treatment

Some or all discussed diagnostic criteria may be apparent upon examination









Pretreatment assessment.

Immediately after laser release in the office with local anesthesia.

Updates in Oral Pediatric Diagnosis today's most recent recommendations

Martin Glasson, Dept Pediatric Surgery, New Children's Hospital, Westmead NSW Australia.

"Quality of life can be improved by an operation which is simple, brief, and virtually devoid of complications."

Is Your Child Tongue-Tied ?

Please feel free to discuss any questions concerning this abnormality and the treatment needed to correct the problem with Dr.Kotlow.