

FIVE THINGS TO KNOW ABOUT ...

Ankyloglossia (tongue-tie)

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Ankyloglossia (tongue-tie) is a congenital condition with a prevalence of about 5%

In large cross-sectional studies of the condition in newborns, the prevalence has ranged from 4% to 10%.¹ Boys are affected more than girls, with the sex ratio being about 2:1. There is no clear ethnic predilection.²

Most children with ankyloglossia are asymptomatic

Severe ankyloglossia may result in inadequate milk intake, prolonged feeding times, maternal nipple pain or bleeding, and rarely, failure to thrive.^{4,5} Poor latching because of restricted tongue movements seems to be the underlying cause. Some newborns with symptoms may show spontaneous improvements in breastfeeding by learning to compensate.¹

Tongue-tie release (frenotomy) is effective in relieving difficulties with breastfeeding due to severe ankyloglossia

Several observational studies and a few small randomized trials have shown the effectiveness of frenotomy. The procedure should be reserved for newborns who are having difficulties with breastfeeding due to severe ankyloglossia.^{1,2,4} Consultation with a health care professional who has expertise in breastfeeding, such as lactation consultants, neonatal nurses and occupational therapists, is recommended before referring a child for frenotomy.

There are no known causes of ankyloglossia

Ankyloglossia usually occurs without other congenital anomalies (Figure 1). Familial patterns have been reported, but the inheritance pattern is unclear.² Rarely, orofacial clefts (i.e., cleft lip, cleft palate) and other craniofacial syndromes have been reported with ankyloglossia.³

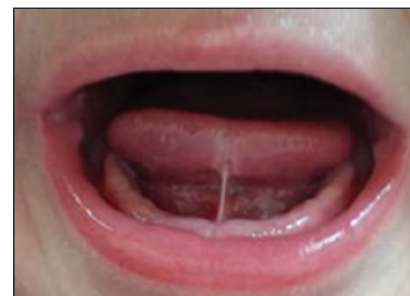


Figure 1: An infant with ankyloglossia.

There is no evidence that ankyloglossia causes problems with articulation

There are reports of older children and adults undergoing tongue-tie release (frenotomy) to improve articulation and to relieve mechanical problems related to limited tongue movement (e.g., kissing and licking lips).² However, definitive studies addressing the association between ankyloglossia and speech are lacking. A formal assessment by a speech pathologist may provide diagnostic information, and noninvasive therapeutic strategies may be instituted.

References

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