

Onen Access

nical Image

Tongue-Tie - A Brief Notes

Sujit K Bhattacharya1*, Anish Banerjee² and Sabahat Azim² ¹Critical Care Units, Glocal Hospital, Krishnanagore, West Bengal, India ²GHSPL Sambhav KNJ Healthcare LLP. Kolkata. India

Abstract

Tongue-tie, also known as ankyloglossia, is a congenital condition where the strip of skin connecting the baby's tongue to the floor of the mouth is shorter than usual. The baby may be diagnosed with tongue-tie during her first routine check-up. Often Tounge-Tie is diagnosed when the baby has difficulty in breast-feeding, speech and oral hygiene or nutrition. Sometimes, an adult patient may present with the condition. It affects more males as compared to females. Surgery is often required.

Keywords: Tongue; Tongue-Tie; Breast feeding; Speech; Oral hygiene; Ankyloglossia

Introduction

Tongue-tie is also known as ankyloglossia. It is a congenital condition where the strip of skin connecting the baby's tongue to the floor of the mouth is shorter than usual. Tongue-tie affects around 4% to 11% of newborn babies. It is more common in boys than girls [1,2]. Tongue Tie often runs in families.

Diagnosis

The baby may be diagnosed with tongue-tie during her first routine check-up. Tongue-Tie is detected in Newborn babies, sometimes when the baby has difficulty in breast-feeding, speech and oral hygiene. Tongue-Tie patient may also present in older children [3]. A severity scale for ankyloglossia, which grades the appearance and function of the tongue, is recommended for use in the Academy of Breastfeeding medicine.

Management

Surgery

Tongue-Tie may be treated by surgery. This involves cutting the skin connecting the under surface of the tongue with the floor of the (the lingual frenulum) mouth. This is called faciotomy. Complications after a frenulotomy are rare, although it is important that it's done by a trained healthcare professional [4,5]. Usually there is little or no bleeding and the baby can be fed immediately.

Controversy

The age at which this procedure can be performed can range from 7 days to 70 years old. Some of the surgeons believe that we can wait and see how it behaves and accordingly take a decision [6-8]. Adults can have an elective operation.

Conclusion

Tongue-Tie, though not very uncommon, may cause difficulties in speech, breast feeding, oral cleanliness and nutrition. It may present to the doctor at any age and opinions of the time for surgical intervention are controversial. It has been suggested that the social problems may be more prevalent than previously thought because of better sharing of information [9].

Acknowledgement

The authors gratefully acknowledge the patient for consenting to publish the image article.



Received June 20, 2017; Accepted June 24, 2017; Published June 26, 2017

Citation: Bhattacharya SK, Banerjee A, Azim S (2017) Tongue-Tie - A Brief Notes. J Mol Biomark Diagn 8: i103. doi: 10.4172/2155-9929.1000i103

Copyright: © 2017 Bhattacharya SK, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.



Figure 1: Tongue-tie.

References

- 1. Messner AH, Lalakea ML, Aby J, Macmahon J, Bair E (2000) Ankyloglossia: Incidence and associated feeding difficulties. Arch Otolaryngol Head Neck Surg 126: 36-39.
- 2. Lalakea ML, Messner AH (2002) Frenotomy and frenuloplasty: If, when, and how". Arch Otolaryngol Head Neck Surg 13: 93.
- 3. Wallace H, Clarke S (2006) Tongue tie division in infants with breast feeding difficulties. Int J Pediatr Otorhinolaryngol 70: 1257-1261.
- 4. Lalakea ML, Messner AH (2003) Ankyloglossia: Does it matter? Pediatr Clin North Am 50: 381-387.
- 5. Harris EF, Friend GW, Tolley EA (1992) Enhanced prevalence of ankyloglossia with maternal cocaine use. Cleft Palate Craniofac J 29: 72-76.
- Ruffoli R, Giambelluca MA, Scavuzzo MC, Bonfigli D, Cristofani R, et al. (2005) Ankyloglossia: A morphofunctional investigation in children. Oral DIseases 11: 170-174.
- 7. Harris EF, Friend GW, Tolley EA (1992) Enhanced prevalence of ankyloglossia with maternal cocaine use. Cleft Palate Craniofac J 29: 72-76.
- 8. http://www.bfmed.org/Media/Files/Protocols/ankyloglossia.pdf
- Messner AH, Lalakea ML (2000) Ankyloglossia: Controversies in management. Int J Pediatr Otorhinolaryngol 54: 123-131.