

Ankyloglossia (tongue tie) in infants

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■ Cite as: *CMAJ* 2023 October 10;195:E1349. doi: 10.1503/cmaj.230151

1 Ankyloglossia describes decreased tongue mobility related to a tight lingual frenulum

The lingual frenulum is a tissue fold created by tongue elevation. In ankyloglossia, oral examination may reveal a short, tight frenulum that inserts either toward the tongue tip or onto the mandibular alveolus (the tooth-bearing surface of the lower jaw). Clinicians should evaluate range of motion of the infant's tongue (elevation and protrusion) and breastfeeding, as the diagnosis is functional. The incidence of ankyloglossia is roughly 4%.¹

2 The condition may cause difficulty with breastfeeding, especially parental pain with latch¹

Nipple pain has a broad differential diagnosis.² Skilled evaluation by a physician with comfort in breastfeeding medicine or an international board-certified lactation consultant is necessary. Optimizing infant latch and position is essential, while considering and managing other possible causes such as nipple vasospasm, plugged ducts and mastitis.²

3 Conservative management is appropriate in some cases

Optimizing infant attachment at the breast is the mainstay of conservative management.² If experienced clinicians are unable to facilitate improved breastfeeding for infants with ankyloglossia, frenotomy may be considered.

4 Lingual frenotomy is a relatively safe procedure to treat ankyloglossia

Laser is not superior to scissors for frenotomy.³ Postoperative exercises are not necessary.⁴ Infants should be ideally aged 3–6 months or younger for the procedure; clinicians can prescribe sucrose for pain control and should avoid general anesthesia. Complications — such as hemorrhage, lingual nerve injury, oral aversion, thermal injury with laser use and airway obstruction — are uncommon but often poorly recorded.⁴

5 Lingual frenotomy for reasons other than latching difficulty is not supported by current evidence, nor is division of other oral ties in infants

The relationship of ankyloglossia to later articulation, gastroesophageal reflux and obstructive sleep apnea remains uncertain, and frenotomy for these conditions is therefore not indicated.⁵ Frenulum of the upper lip is normal and not clearly related to breastfeeding.⁴ If needed for orthodontics, labial frenotomy should not precede eruption of permanent dentition. Buccal ties have no functional significance.⁴

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Competing interests: M. Elise Graham reports funding from the Department of Otolaryngology Catalyst Grant and the Academic Medical Organization of Southwestern Ontario, outside the submitted work. No other competing interests were declared.

This article has been peer reviewed.

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