

BACKGROUND

Tongue tie is a congenital anomaly of unusually short, thick or tight frenulum connecting the tongue to the floor of the mouth. IATP (2016) adds that the tongue tie is an embryological remnant of tissue in the midline between the under surface of the tongue and the floor of the mouth that restricts normal tongue movement.

About 3% of infants are born with tongue tie (**Amir,2006**). Literature suggests one specific protocol for the quick functional assessment of the lingual frenulum in infants (**Martinelli,2012**). TRMR scale is the only independent measurement of tongue mobility that is directly associated with restrictions in tongue mobility (**Zaghi,2021**).

Ankyloglossia and Tethering of oral tissues (TOTS) are synonymously used to this condition. TOTS as a term is more inclusive of tissue restriction of the tongue, lips and buccal frena (**Kevin Boyd, 2014**). **ICD10 code Q38.1** is still only using one label for this condition, Ankyloglossia.

Alison Hazelbaker, Lawrence Kotlow & Carmen Fernando are some other classification tools. IATP cautions classifications can never substitute for assessment because the former develops categories based on broad, general criteria whereas assessment uses specific detailed criteria for the purpose of accuracy and thoroughness.

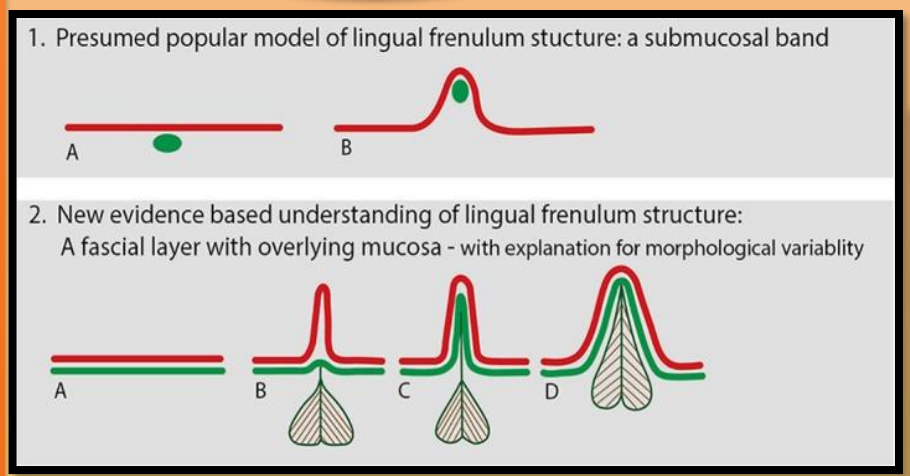


Figure 1: Red line: oral mucosa Green oval: coronal section of connective tissue "band." (a): tongue relaxed, (b): tongue elevated, raising lingual frenulum. **Figure 2:** Red line: oral mucosa Green line: floor of mouth fascia, with genioglossus suspended from fascia. (a): Tongue relaxed, floor of mouth fascia immediately beneath mucosa. (b) "Transparent" frenulum—mucosal fold elevates above fascia to form fold, with fascia remaining low/at base of fold. (c) "Opaque" frenulum—mucosal & fascia elevate together to form fold. (d) "Thick" frenulum— mucosa & fascia elevate together, with genioglossus also drawn into fold

CONVERSATIONALLY SPEAKING : TONGUE TIE

MANAGEMENT

Frenectomy: Complete removal of the frenum, including its attachment to the underlying bone, using scalpel, electrosurgery or lasers.
Frenotomy: Incision & relocation of the frenal attachment.
Frenuloplasty : Precise incisions & wound closure in a specific pattern occurs, with the aim of lengthening the anterior tongue.



Post-Operative Healing
Diamond-like whitish yellow wound obligates normal inflammatory response. Experts have discussed the importance of post-surgical aftercare. Lingual mobility improves when reinforced with rehabilitation exercises (**FerresAmat, 2016**).
Merkel Walsh (2013) discusses pre and post-operative activities for neuromuscular education.
AAPD calls for a complete and thorough oral exam and evaluation of the infant at their first dental visit.

