Tongue Tie / Ankyloglossia

The tongue's frenulum attaches the tongue to the floor of the mouth. It should allow the tongue to extend past the lower gums, elevate to the roof of the mouth, and move from side to side. If it is too thick, to short, or too far toward the tip of the tongue, it can affect feeding, speech, tooth placement, and growth of the mouth. The official term is ankyloglossia, but commonly is called tongue tie. Tongue tie affects about 4/100, more commonly in boys, and there is a 21% family history.

Treatment of tongue tie involves lifting the tongue and clipping the frenulum (frenotomy). This can be done by trained pediatricians, ENTs, or dentists. It is recommended if the frenulum is very thick, posterior, or very vascular or if there is a family history of bleeding disorders that an ENT specialist does the procedure. The frenulum does not have nerves for pain, and most newborns tolerate the procedure well without any anesthetic.

Risks of clipping:

- Infection
- Bleeding
- Scar formation
- Damage to salivary glands
- Need for more surgery

There are 4 types of tongue tie:

- Type 1: Attachment of the frenulum is at the tip of the tongue and the base is near the gums. It is often thin but the tongue cannot extend fully and looks heart shaped when extended.
- Type 2: Frenulum attachment is 2-4 mm behind the tip of the tongue and its base is near the gums, but it is similar heart shaped appearance to Type 1.
- Type 3: Frenulum attachment is mid tongue and its base is in the middle of the floor of the mouth. It is thick and inelastic. The tongue can extend but not lift, it appears squared off, cups, and bunches in the back. It can be difficult to notice.
- Type 4: The frenulum attaches mid-tongue and its base on the floor of the mouth, but it tends to be thick, fibrous, and inelastic. It is called "posterior tongue tie".

Types of Tongue Tie

Type 1 or 2 Before Clip Type 1 or 2 After Clip (same baby) Type 3 Type 4 notice the cupping 'posterior' hour glass