Ankyloglossia (tongue-tie)

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Illustrated is a brief vignette highlighting the benefits of neonatal tongue tie release.

Sir,

A 4-week-old male infant was referred by his midwife with difficulty breastfeeding, poor weight gain and the mother reported nipple pain. There was also a history of inadequate latching during attempted suckling compromising milk transfer. Examination revealed short frenulum linguae with the resultant inability to protrude the tongue over the lower alveolar ridge and notching of the tongue tip [Figure 1]. Following release of the tongue-tie (frenotomy) without anaesthetic or undue discomfort to the infant the mother was able to return to normal breastfeeding[1] with a subjective relief in nipple pain.[2]

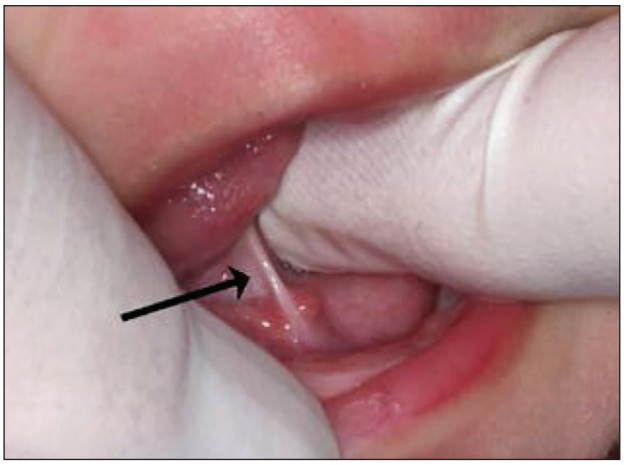


Figure 1: Image depicting scar tissue (arrow) on ventral surface of tongue

Ankyloglossia is a congenital anomaly characterised by the aforementioned findings with a reported incidence amongst newborn infants of up to 4.8%.[3] There is still much dubiety amongst clinicians as to the perceived benefit of such a procedure with consequent variation in clinical practice. Current National Institute of Clinical Excellence guidance suggests that the evidence is adequate to support the use of division.[4]

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