Tongue-tie

Summary

- Tongue-tie is characterised by a short fraenum (string of tissue) under the tongue that stops the tongue from moving well.
- Tongue-tie can improve by the age of two or three years.
- Severe cases of tongue-tie can be treated by cutting the fraenum. This is called a fraenectomy.

Fraenula are little strings of tissue found in various parts of the mouth, such as underneath the tongue, inside the cheeks, near the back molars and under the top lip. While an embryo is developing in the womb, these strings guide the growth of some mouth structures. Once a baby is born, the fraenula are largely unimportant, although they seem to help in positioning the baby teeth.

The fraenulum under the tongue is called the lingual fraenum. Tongue-tie is a condition where tongue movement is restricted due to a short lingual fraenum. For example, some people have difficulty licking around their lips, or raising the tongue tip inside their mouth. This can mean that they have difficulties with eating and pronunciation of certain letters of the alphabet. The medical name for tongue-tie is ankyloglossia.

Estimates vary, but around two per cent of babies may be affected by tongue-tie. Tongue-tie can resolve in early childhood if the fraenum ‘loosens’ by itself, allowing the tongue to move freely for eating and speech. However, in some cases, the child may need to have a surgical procedure known as a fraenectomy to release the tongue.

Symptoms of tongue-tie

The symptoms of tongue-tie can include:

- the tongue can’t poke out past the lips
- the tongue tip can’t touch the roof of the mouth
- the tongue can’t be moved sideways to the corners of the mouth
- the tongue tip may look flat or square, instead of pointy when extended
- the tongue tip may look notched or heart-shaped
- a baby with tongue-tie may have difficulties breastfeeding or bottle-feeding
- the front teeth in the lower jaw may have a gap between them.

Causes of tongue-tie

There are two main causes of tongue-tie. Either the fraenum is too short and tight, or it failed to move back down the tongue during development and is still attached to the tongue tip. In the second case, a heart-shaped tongue tip is one of the obvious symptoms. It is not clear whether or not tongue-tie is inherited.

Tongue-tie and feeding problems for babies

Many babies with a tongue-tie can breast and bottle feed successfully. However, a significant tongue-tie that restricts the movement of the tongue can interfere with a baby’s ability to breastfeed and, in severe cases, bottle feed.

Mothers may experience sore or damaged nipples, engorgement or mastitis due to poor attachment caused by a significant tongue-tie. As the breast is not drained effectively when the baby’s attachment to it is incorrect, these babies are often slow to gain weight, and are very unsettled.

Tongue-tie can be hard to diagnose in newborn babies and many of the symptoms of a tongue-tie also occur with other feeding issues. Therefore, it is important to see your doctor, midwife, maternal and child health nurse or

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lactation consultant if you are having trouble breastfeeding.

Seek assistance if you are experiencing any of the following, as your baby may have a tongue-tie:

- sore nipples during and after breastfeeding
- squashed or flattened nipples after breastfeeding
- a compression mark, line or ridge on the nipple after breastfeeding
- the baby has difficulty latching on to the nipple, or appears to latch on and off repeatedly
- the baby’s mouth makes a clicking sound while feeding
- the baby is slow to gain weight.

Tongue-tie and speech problems

Tongue-tie in toddlers seems to be less common than in babies, which suggests that a short fraenum can normalise itself as the child grows. In persistent cases of tongue-tie, the child may have certain speech problems.

Difficulties can include creating sounds that need the tongue or tongue tip to:

- touch the roof of the mouth (to pronounce sounds such as t, d, n, l, s, z)
- arch off the floor of the mouth (to pronounce sounds such as r).

Treatment for tongue-tie

In the past, the fraenum under the tongue was routinely cut in babies or children with tongue-tie. Today, doctors are more inclined to wait and see what happens to the fraenum with growth.

Fraenectomy

The surgical procedure performed to cut the lingual or labial (tissue in the centre of the upper and lower lip) fraenum is called fraenectomy. The technique differs according to the age of the person.

For babies less than 12 weeks old, the procedure may be done with local or topical anaesthesia, or occasionally using general anaesthesia. If using local or topical anaesthesia, the area is numbed, the baby’s head is held firmly and the fraenum is simply snipped (divided) with surgical scissors or a laser. Babies can be breastfed immediately after the procedure.

Studies of this procedure have found few risks and problems. Problems are likely to be very rare, but can include bleeding, infection, ulcers, pain, and damage to the tongue and surrounding area. Reports suggest tongue movement is normal within three months of the procedure.

For older children and adults, a general or local anaesthetic may be given beforehand. Stitches are needed when the tongue-tie has been surgically divided. It may take a few weeks for the mouth to heal. Older children and adults may need speech therapy after the surgery.

The main risk of this procedure is related to the anaesthetic, although like all surgeries, there is a risk of bleeding or infection. There is also a risk of damage to the tongue or the surrounding area. Generally, only severe cases of tongue-tie are divided.

Where to get help

- Your GP or paediatrician
- Maternal and child health nurse
- Lactation consultant
- Speech pathologist
- Your dentist

Dental Health Services Victoria provides public dental services through the Royal Dental Hospital Melbourne and community dental clinics, for eligible people. For more information about public dental services Tel. (03) 9341 1000, or 1800 833 039 outside Melbourne metro.