

The Tongue-Tie Debate:

*Evidence-Based Insights on
Treatment and Outcomes*

Alexandra F Corbin, BS

Medical Student III

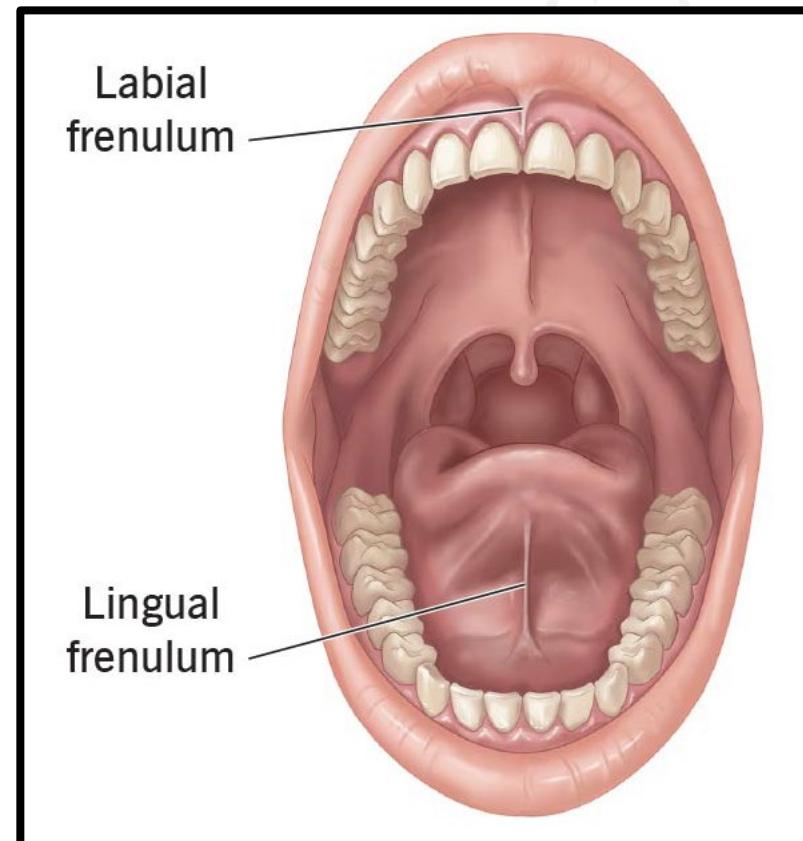


Jacobs School of Medicine and Biomedical Sciences
University at Buffalo



Tongue-Tie: Important Definitions

Lingual Frenulum: normal connective tissue anchoring tongue to mouth floor

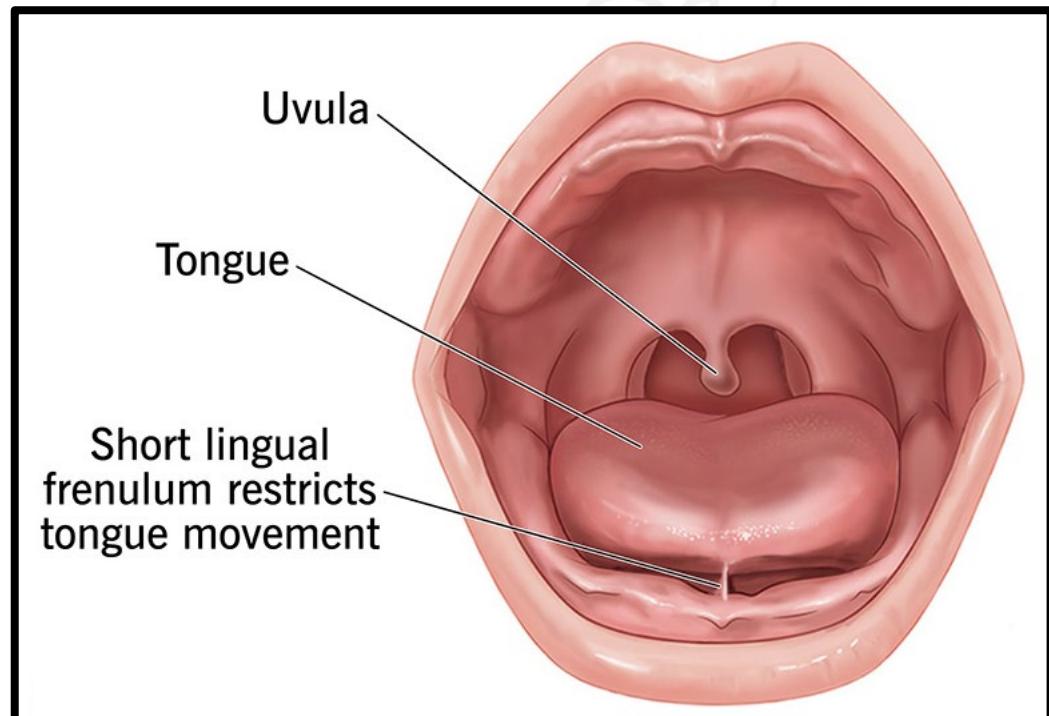


Normal Tongue Anatomy

Tongue-Tie: Important Definitions

Tongue-Tie: congenital condition with **restrictive** lingual frenulum

- Impairs tongue mobility and function
- Associated with breastfeeding difficulties
- Limited evidence to support causal relationship with speech/language delays, sleep apnea, dental problems



Tongue-Tie Anatomy

Tongue-Tie: Clinical Significance & Global Relevance

Affects **~3–11% of newborns**

Can impair breastfeeding, leading to **early weaning** and **poor infant weight gain**

Frenotomy referrals **increased 834%** from 1997 - 2012, which sparked concern regarding **overdiagnosis** and **unnecessary surgical intervention**

Clinical variability and diagnostic uncertainty contribute to **inconsistent management worldwide**

Tongue-Tie: The Coryllos Classification System

Type 1: Attaches to tongue tip



Type 2: Attaches 2-4 mm from tongue tip



Type 3: Attaches to mid-tongue



Type 4: Attaches to tongue base

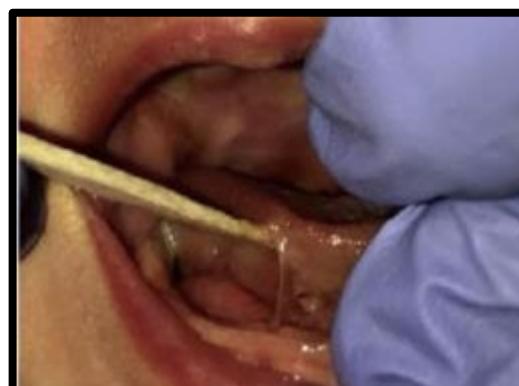


Tongue-Tie: The Coryllos Classification System

Type 1: Attaches to tongue tip

**Types 1-2 =
Anterior**

Type 2: Attaches 2-4 mm from tongue tip



Type 3: Attaches to mid-tongue

**Types 3-4 =
Posterior**

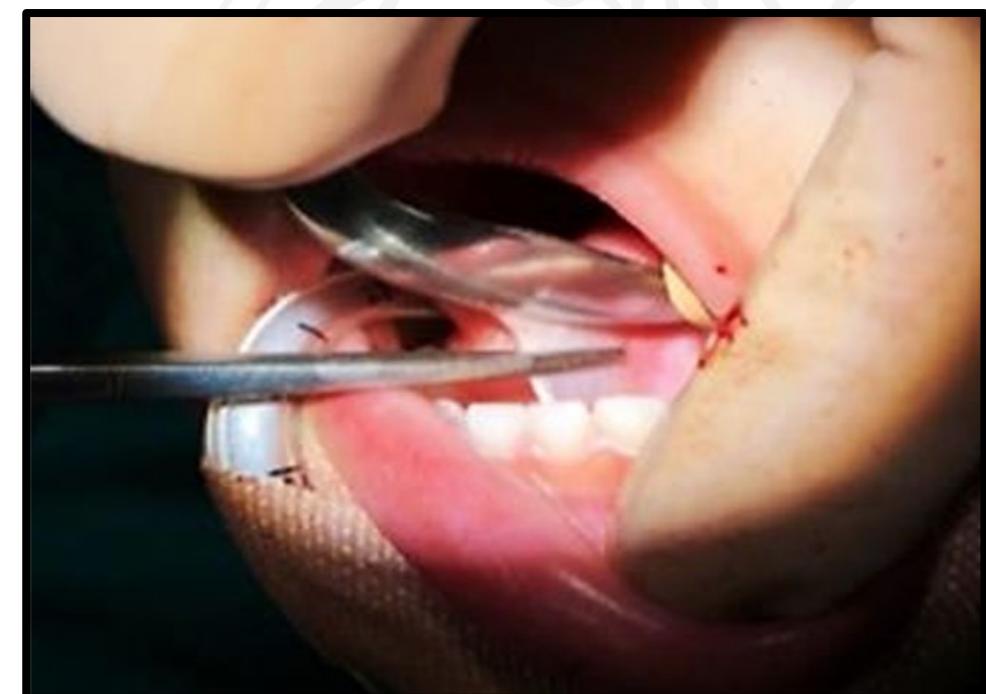
Type 4: Attaches to tongue base



Tongue-Tie: Diagnosis and Treatment

- Oral exam with frenulum palpation
- Coryllos grading
- Breastfeeding assessment:
 - LATCH score + maternal pain

	0	1	2
L Latch	Too sleepy No sustained latch or suck	Repeated attempts for latch or suck Hold nipple in mouth	Grasps breast Tongue down Lips flanged Rhythrical sucking
A Audible swallowing	None	A few with stimulation	Spontaneous and intermittent (<24 hrs)
T Type of nipple	Inverted	Flat	Everted (after stimulation)
C Comfort	Engorged Cracked, bleeding, large blisters, or bruises	Filling Reddened, small blisters or bruises	Soft Non-tender
H Hold	Full assist (staff holds infant at breast)	Minimal assist (staff holds, then mother takes over)	No assist from staff Mother able to position and hold infant



Tongue-Tie: Clinical Research Application

- Evidence supports improved breastfeeding after anterior tongue-tie (ATT) frenotomy
- Posterior tongue-tie (PTT) frenotomy benefits remain poorly understood

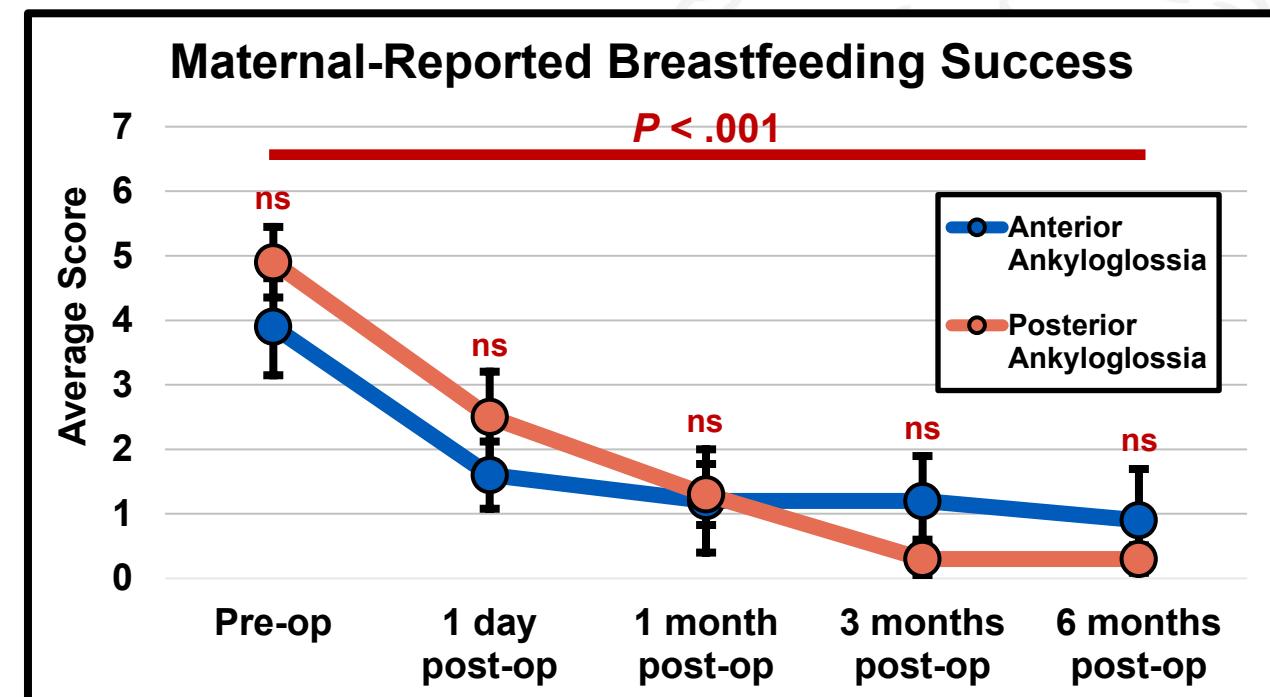
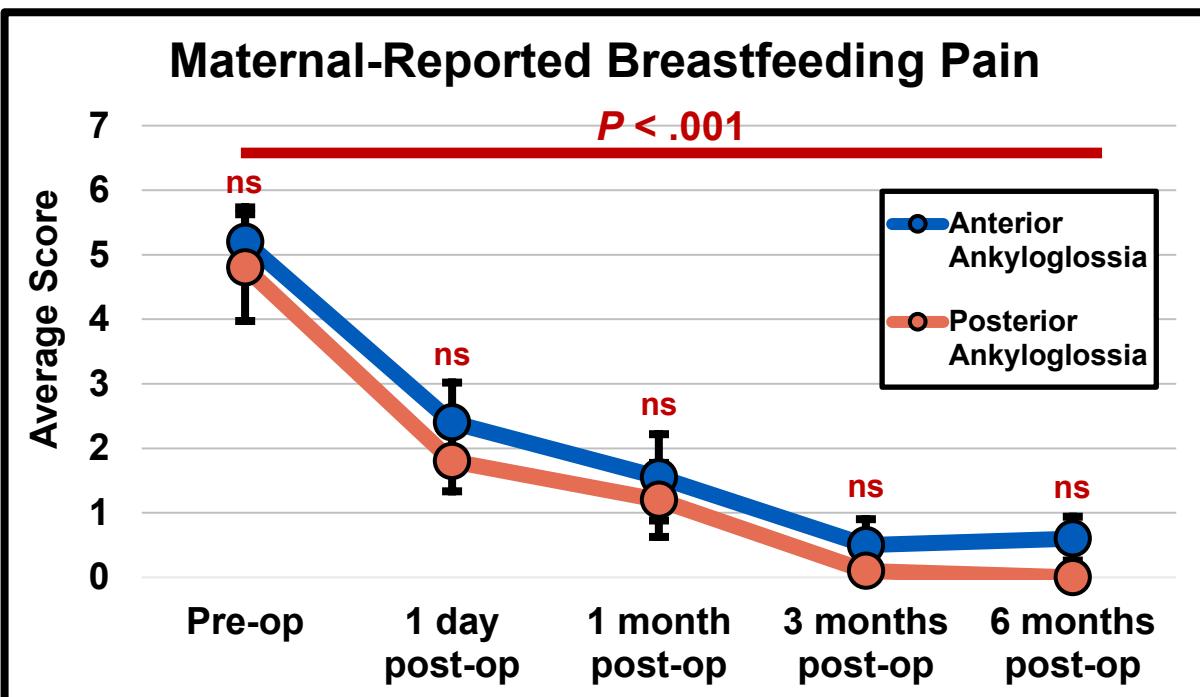
Study Question:

Do breastfeeding outcomes post-frenotomy differ between infants with ATT versus PTT?

Tongue-Tie: Clinical Research Application - Methods

- Prospective longitudinal study on 79 breastfed infants (0 - 3 months) undergoing frenotomy for tongue-tie
- Breastfeeding mothers rated pain and breastfeeding success on a 0-10 Visual Analog Scale (VAS), with 0 indicating no pain and complete breastfeeding success, respectively
- VAS scores were recorded pre-frenotomy and at 1 day, 1 month, 3 months, and 6 months post-frenotomy and compared between ATT and PTT groups

Tongue-Tie: Clinical Research Application - Results



VAS scores decreased significantly over time post-frenotomy

There was no difference in VAS scores between groups at any time point

Tongue-Tie: Clinical Research Application - Conclusion

- Posterior tongue-tie **may merit intervention**
- Study **reduces** diagnostic and treatment **ambiguity**
- Supports **evidence-based shared decision-making**
- Potential **to improve maternal and infant health outcomes**

References

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Thank You!

Alexandra Corbin
Medical Student III

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