Ankyloglossia (Tongue Tie)

- Restriction of tongue movement caused by prominent or short lingual frenulum
- Wide variation of opinion regarding significance and management
- Some advocate surgery before development of feeding or speech issues
- Others recommend waiting until 4 yrs due to chance that frenulum may elongate with time
Breastfeeding Difficulty

- Poor latch, painful latch
- Consultation with lactation consultant to exclude other causes of breastfeeding difficulty
- Rarely causes issues with bottle feeding

Articulation Problems

- Effect on speech is not clearly defined
- Frenula that extend to the tip of tongue prevent the tongue from reaching the upper dental alveolus
- Affected speech sounds include “t”, “d”, “z”, “s”, “th”, “n”, and “l”
- Speech evaluation should be obtained
Frenulotomy

- Performed for “posterior” ankyloglossia
- Functional ankyloglossia without anterior tethering of tongue
- Site of restriction is the anterior portion of the genioglossus muscle

Frenuloplasty
Maxillary Frenum

• In infants, a prominent labial frenum inserting on the alveolar crest is not abnormal
• Labial frena are often more prominent in children and appear to decrease with vertical growth of the maxilla
• Frenum becomes superiorly positioned and eventually assumes a normal position in most children
• Prominent frenum may be accompanied by a gap between the central incisors
• Frenectomy is not recommended before eruption of permanent incisors and cuspids to allow natural space closure
• No high quality data to support frenectomy for breast feeding

Geographic Tongue

• Continuously changing areas of desquamation of filiform papilla on anterior 2/3 of tongue
• AKA benign migratory glossitis
• Asymptomatic
• Unknown etiology
• Reassurance is only treatment needed
Mucocele

- Pseudocysts of minor salivary gland
- Usually result from trauma to gland
- Causes salivary gland secretions to dissect into the soft tissues surrounding the gland
- Excised if they interfere with chewing, swallowing or speech

Oropharyngeal Trauma

- Often occurs due to child falling with object in mouth
- Vast majority heal spontaneously without complications
- Small minority develop deep neck infections or carotid artery injuries
### High Risk Injury
- High force penetrating trauma (MVA, GSW)
- Profuse bleeding
- Neurological deficit
- Carotid bruit
- Mental status changes
- ENT, neurosurgery consult

### Moderate Risk Injury
- Retained foreign body
- Wounds in lateral oropharynx
- Deep wounds
- Undetermined depth with concerning mechanism
- Suspicion of deep neck space infection
- ENT consult

### Management
- Airway management
- CT angio or carotid angiography
- Wound exploration/laceration repair
- Tetanus prophylaxis
- Empiric abx (clinda or augmentin)
Parent Education

Deep Neck Space Infection
- Fever
- Neck pain
- Torticollis
- Drooling or dysphagia
- Neck swelling
- Bleeding from mouth

Cerebral Artery Thrombosis
- Altered mental status
- Seizures
- Slurred speech
- Limb weakness
- Abnormal gait or imbalance
- Vision changes
- Irritability
- Vomiting
- Headache