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Full Length Research Article

UNCUFFING OF TONGUE

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ABSTRACT

Tongue tie or Ankyloglossia is a rare congenital anomaly. In this condition the tongue is attached to floor of the mouth. The patient is unable to protrude his tongue properly. Difficulty in speech, suction, feeding and difficulty in maintaining oral hygiene has been reported. We report a case of partial ankyloglossia in a 35 year old male child which was treated and followed up without complications.

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INTRODUCTION

Lingual frenulum is formed by a dense fibrous conjunctive tissue and, often, by superior fibers of the genioglossus muscle. It connects the tongue to the mouth floor, allowing tongue's free movement. Partial ankyloglossia also called as tongue tie is a condition caused by abnormally short frenum of the tongue, or the frenum is attached too close to the tip of the tongue. The other category is total ankyloglossia which is rare and occurs when the tongue is completely fused to the floor of the mouth. The incidence of tongue tie varies from 0.2% to 5% depending on the population examined (Darshan and Pavithra, 2011) with a male child predilection (Ballard *et al*., 2002). Ankyloglossia or Tongue tie affects speech, feeding, oral hygiene as well as social environment also.

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Moreover, it interferes in toothbrushing process, consequently, favoring the risk of plaque accumulation, tissue inflammation onset, and gingival recession (Yared *et al*., 2006). Frenectomy provides the tongue mobility because no adherence is formed after the incision of the frenulum.

Case Report

A 35 year old male reported to the department of periodontics with chief complaint of difficulty in speech and bleeding from inner side of lower front gums on mechanical irritation. Patient's medical and family history was noncontributory. He had very low education status, and worked as daily wager at construction sites. Exta-oral examination revealed no significant finding. However intra oral examinationshowed restricted tongue movement, with only 8mm of tongue protrusion (Fig.1). This was due to the presence of fusion of lingual frenum to the tongue. Additionally the patient was not able to place brush on the lingual side of anterior mandible due to position of frenum. Routine blood investigation was advised which showed all the parameters within normal limits.

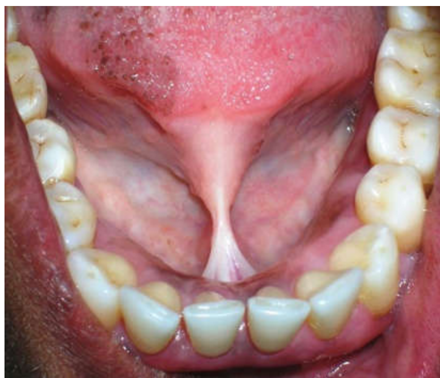

Fig.1. Preoperative view of patient

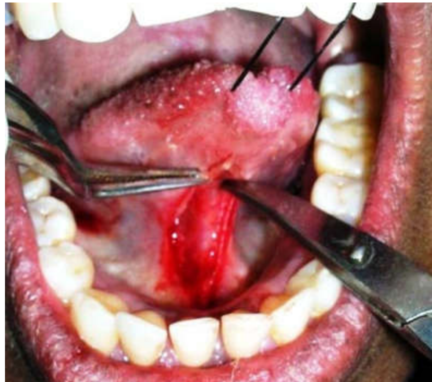

Fig. 2. Par operative view showing surgical incision

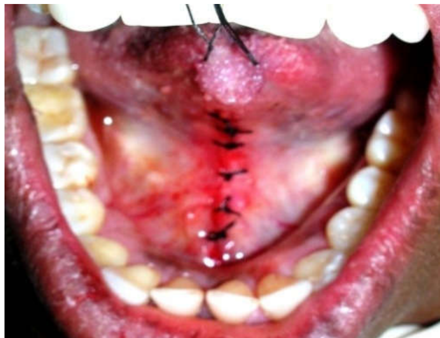

Fig. 3. Par operative view showing surgical suture given

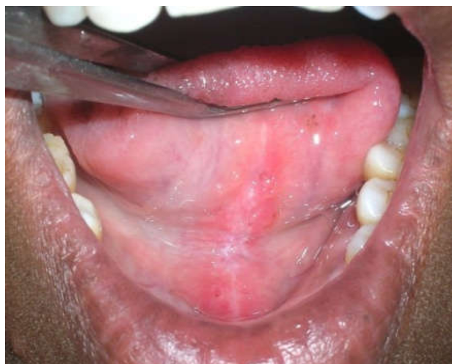

Fig. 4. Post operative after one month

Patient consent was taken and frenectomy was done, (Fig.2) thereafter sutures were placed (Fig.3) and patient was recalled after a week.

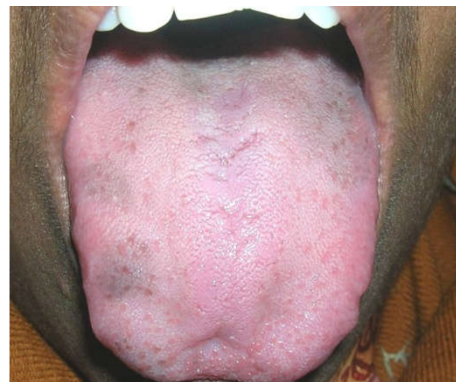

Fig. 5. Post operative view showing free movement of tongue

Post treatment patient was able to protrude his tongue toupto16 mm (Fig.4 and Fig.5). He was following oral hygiene instructions, was able to brush even on the lingual side.

DISCUSSIONS

Ankyloglossia, a rare congenital anomalyoccurs due to failure in cellular degeneration leading to longer anchorage between tongue and floor of the mouth (Morowati *et al*., 2010). Kotlowclassified tongue tie as Class I (Mild Ankyloglossia: 12-16mm), Class II (Moderate Ankyloglossia: 8-11mm), Class III (Severe Ankyloglossia: 3-7mm) and Class IV (Complete Ankyloglossia: Less than 3mm (Kotlow and Ankyloglossia, 1999). According to this classification our case was of Class II Moderate Ankyloglossia with tongue protrusion of 8mm. There are various surgical methods to treat ankyloglossia, the most common technique are frenectomy by simple excision of frenum, Z plasty, as described by Kaban has an advantage of also lengthening the scar and providing an increased potential for the post-operative tongue mobility , the technique is however more complex. Erbium: YAG lasers and diode lasers are becoming popular but the laser treatments are costlier then the scalpel technique. Electrosurgeryis also suggested as economical alternative, however its use is limited to milder form of ankyloglossia and a second visit is required for releasing the tongue (Darshan and Pavithra, 2011). In our study we have done frenectomy by simple excision procedure and obtained good result, the healing was uneventful.

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