

Tongue Tied

“Knot” Something to Laugh About

At some point, you’ve probably referred to yourself as being “tongue-tied” when you found yourself in a situation that left you speechless, such as talking to that classmate you had a crush on in the eighth grade or at a job interview when asked a question you weren’t expecting. But for some infants and young children, being “tongue-tied” has a different and potentially more serious meaning, as “tongue tie” is the term used to describe a congenital abnormality of the tongue.

Tongue tie, also known by its medical term *ankyloglossi*, is a condition whereby the movement of the tongue is restricted due to abnormal attachment of the membrane under the tongue (lingual frenulum) toward the tip of the tongue, according to the Columbia University Department of Otolaryngology/Head and Neck Surgery. The lingual frenulum helps guide the development of oral structures and the positioning of incoming teeth, and as we grow, it recedes and thins normally. In some cases, however, the frenulum may be too short and taut, may not have receded, or may be attached too far along the base of the tongue.

Children suffering with tongue tie may be unable to protrude the tongue, touch the roof of the mouth, or move the tongue from side to side. If the lingual frenulum extends to the tip of the tongue, a V-shaped notch or heart shape can be seen at the tip. Tongue tie is often hereditary and, therefore, not preventable. However, the condition often resolves on its own at two or three years of age, according to the Columbia University Department of Otolaryngology/Head and Neck Surgery. As children grow, the frenulum may continue to recede, thereby lessening the abnormality. (In children without tongue tie, the frenulum normally recedes before birth.)

Tongue tie can cause feeding problems in infants and may cause speech impairments as a child begins to speak. Feeding problems can include difficulty breastfeeding and sucking, as well as poor weight gain. These feeding difficulties can have long-term effects on the baby’s development and health, and early intervention surgery to cut the lingual frenulum and loosen the tongue—a simple surgical procedure called a frenulectomy—may be required.

Additionally, young children with tongue tie may exhibit signs of speech defects, with particular difficulty articulating the sounds l, r, t, d, n, th, sh, and z. It should be noted, however, that the tongue has been shown to compensate remarkably, and many children with tongue tie have no speech impediments at all, says the Columbia University Department of Otolaryngology/Head and Neck Surgery.

If you suspect your infant or child has tongue tie, you will want to have him or her properly diagnosed. Speak to your baby’s pediatrician about any feeding difficulties your infant may be experiencing. The pediatrician may refer you to an otolaryngologist—a head-and-neck surgeon—for further treatment, which may include a frenulectomy.

Alternatively, if you think that your toddler or child is having speech issues that could be related to tongue tie, you should have a speech pathologist evaluate him or her to determine whether tongue tie is a factor. If the speech pathologist finds that the child’s speech is impaired, and that it is related to tongue tie, then a frenulectomy may also be recommended. Speech therapy may be recommended as an initial treatment, since some toddlers will improve their speech without needing surgery.

Tongue tie has also been shown to contribute to dental problems, most likely resulting in a persistent gap between the bottom two front teeth, according to the American Academy of Otolaryngology—Head and Neck Surgery. In this instance, a frenulectomy for cosmetic purposes, to help the child feel better about his or her appearance, may be an option. You will want to discuss this with your dentist first to rule out other causes for the gap.

The term frenulectomy may sound scary, but it really is a simple procedure that can often be performed right in the physician’s office with local anesthesia, although older children may require brief general anesthesia. The risks of frenulectomy are very low, but may include pain, bleeding, or infection. The procedure takes approximately 15 minutes, which is a small amount in exchange for a healthy infant and a happy child with higher self-esteem due to improved speech function.

Is Your Toothpaste Past its Prime?

While it may be obvious that the milk in your fridge needs to be tossed once its expiration date has passed, did you know that most oral hygiene products also have an expiration date?

All toothpastes that contain fluoride, an element that strengthens tooth enamel, are regulated by the U.S. Food and Drug Administration and, therefore, require expiration dates. While using expired products isn’t dangerous, the consistency or quality of the product may deteriorate, says the Massachusetts Dental Society (MDS). For example, the binding agents in toothpaste may become cakey with age, or the toothpaste may not foam as well in the mouth. And depending on what temperature the product is stored at, it may become harder to squeeze out of the tube or become softer.

According to the American Dental Association, most toothpastes contain mild abrasives that remove surface stains and debris; fluoride; flavoring agents; binders to hold the product together; and humectants to prevent water loss in the toothpaste.

The MDS recommends that you observe expiration dates and finish using products by the date on the packaging, which is usually two years after the manufacturing date. The expiration date on most brands of toothpaste can be found on the bottom of the container or on the crimped end of the tube.

By taking note of these important dates, you can ensure you are receiving the full benefits of the product.