1. All children are treated using the most up-to-date safe technology available.

2. All oral surgery treatments are completed using up to three different lasers.

3. The use of lasers promote healing and reduce post surgical discomfort.

4. Lasers eliminate the need for sutures in most patients.

5. All treatment is completed using microscopes to reduce damage to adjacent oral structures.

6. All needed x-rays are taken using computers and result in reduced patient exposure to radiation and reduced environmental contamination due to elimination of many of the materials and chemicals used when taking conventional dental x-rays.
Updates in Oral Pediatric Diagnosis

Ankyloglossia or Tongue Ties

Preventive and interceptive medical/dental treatments

Lawrence Kotlow DDS
Board Certified Specialist in Pediatric Oral Care Since 1974
Advanced Proficiency in Erbium Laser Surgery by the Academy of Laser Dentistry
Is Your Child Tongue-Tied?

**Ankyloglossia**: An abnormal attachment of the tissue under the tongue.

Short Lingual frenum on new born
Normal anatomy of the underside of a child’s tongue

Abnormal attachment of the lingual frenum

Abnormal attachment of the frenum on the underside of tongue
“Traditional teaching has been that the tongue tie is of little relevance, will have no adverse oral effects, and can be ignored.”
Is Your Child Tongue-Tied?

- The significance & treatment of a tongue-tie is often misunderstood and misdiagnosed due to old medical misconceptions and methods for treating condition. This is especially true when the recommendation in the past often required placing a child into the operating room under a general anesthesia for an elective procedure.
"Tongue tie, by interfering with tongue mobility, can exert a harmful effect on many aspects of life."

Martin Glasson, Dept Pediatric Surgery, New Children’s Hospital, Westmead, NSW Australia.
Articles and text books

To assist healthcare professionals diagnose and treat problems associated with tongue ties, I have published articles and contributed a chapter to the well-respected text “Dental Clinics of North America”, based on my experience and success in treating this condition. All of this information is available for downloading from my website.
Updated diagnosis & treatment recommendations for tongue-ties

- Diagnostic Criteria used to determine when a Tongue-Tie requires revision.
- The tip of the tongue should be able to protrude outside the mouth without causing clefting of the front border of the tongue.
Diagnostic Criteria

The lingual attachment should not create a diastema (gap) between the lower front teeth.
Diagnostic Criteria

The lingual attachment should not cause excessive force on the lower front teeth causing them to tip backward.
The lingual attachment should not cause severe blanching of the gum tissue behind the lower front teeth.
The lingual attachment should not prevent a normal swallowing pattern. The tongue should be able to lick the lips. Without the free movement of the tongue many food particles may not be removed by the tongue’s normal sweeping action and correct movement of oral fluids.
The lingual attachment should not prevent a normal swallowing pattern. The tongue should easily touch the roof of the mouth.
Diagnostic Criteria

The lingual attachment should not interfere with nursing or cause mothers pain.

Nursing mother’s can suffer nipple damage, pain or mastitis.

Please visit my web site or the Academy of Pediatrics web site for more valuable information concerning nursing.
An abnormal lingual attachment can interfere with certain eating pleasures!
Diagnostic Criteria

Certain Social Activities
Classifications of Tongue-Ties

12-16 mm

CLASS 1
MILD

Greater than 1.5 inches or 16mm

NORMAL RANGE OF MOTION

8-12 mm

CLASS II
MODERATE

4-8 mm

CLASS III-SEVERE

0-4 mm

CLASS IV- COMPLETE
In-Office Treatment and Release of Tongue-Tie

Local anesthesia: may or may not be required when revision is completed with the Erbium laser.

Sutures are usually not required.
Revising the abnormal lingual frenum

No numbing was needed for this revision
More severe and thicker revisions may require numbing and one or two small sutures to prevent the frenum from reattaching.

Numbing was required for this patient.

Placing a dissolvable suture to prevent reattachment.
One week following laser surgery

Normal oral healing area
Safe and Simple in-office treatment

Immediate after laser release in the office with local anesthesia.

Pretreatment assessment.
“Quality of life can be improved by an operation which is simple, brief, and virtually devoid of complications.”

Martin Glasson, Dept Pediatric Surgery, New Children’s Hospital, Westmead NSW Australia.
Is Your Child Tongue-Tied?

Please feel free to discuss any questions concerning this abnormality and the treatment needed to correct the problem with Dr. Kotlow.