

Can the Short Lingual Frenulum be a Risk Factor for Sleep-Disordered Breathing in Children?

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Ankyloglossia is a condition that the tongue's motion has been restricted. A short, tight band of tissue restrains the tongue's tip to the floor of the mouth. This condition can be seen at birth. Unfortunately, it can affect the child's eating, speaking, and even can interfere with the mother's breastfeeding. Many children do not have any symptoms, and this condition often resolves by itself. In case of any sustained problem, surgery may be required to resolve the problem.

Recently, Italian researchers have found that having a short lingual frenulum, also known as a lingual nodule (Tongue-tie) or Ankyloglossia, is associated with a significant increase in the risk of sleep-disordered breathing (SDB) in school children. The study, published in the journal *Sleep Medicine*, found that 23% of children with Ankyloglossia were three times more likely than other children to have sleep-disordered breathing [1].

Dr. Maria Pia Villa believes that a short lingual frenulum causes changes in the baby's face and skull, which ultimately narrows the upper airways and, as a result, makes children more prone to sleep-disordered breathing [1].

Ankyloglossia is a congenital anomaly that restricts the movement of the tongue and its function; therefore, it can change the shape of the dental arches and the occlusion of the teeth.

Previous research by other researchers has provided evidence that a short lingual frenulum at birth is associated with obstructive sleep apnea syndrome (OSAS) in later life, as well as an abnormal growth of the oral cavity [2].

Dr. Carol C. Rosen believes that the short lingual frenulum has attracted the attention of many researchers because of its causal role in causing breastfeeding problems. Now, many experts recommend frenulum surgery to help infants with nutritional problems. She also noted that while the anatomy of the oral and upper airways and the shape of the nose, face, and jaw play a role in the risk of upper airway obstruction and OSAS, other risk factors for OSAS including tonsillectomy and adenoidectomy, air reflexes, and breathing control may also be important [3].

Finally, it should be noted that if parents are concerned about their child snoring and difficulty breathing at night, or symptoms such as daytime drowsiness or difficulty paying attention or behavioral problem, their child is more likely to develop OSAS. As a result, referring these children to pediatric sleep medicine is important because this specialist can better do the assessment and manage the situation and the problem.

Bibliography

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