Surgical management of an anomalous lingual frenulum

Manejo quirúrgico de un frenillo lingual anómalo

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ABSTRACT

Objective: To analyse the surgical management of an anomalous lingual frenulum. Methods: A descriptive document analysis was carried out, supported by the systemic review technique. Results and conclusion: Section of the frenulum resolves the anatomical difficulty, but correct use of the tongue requires postoperative functional rehabilitation. It is concluded that long lingual frenulae are capable of producing recession in the lingual area, due to the traction they exert. In other words, there is a direct relationship between the height and insertion of the frenulum with respect to papillary loss and the presence of gingival recession. High intensity laser therapy is a good alternative to the conventional technique.

Descriptors: lingual frenum; dentition; periodontium. (Source, DeCS).

RESUMEN

Objetivo: analizar el manejo quirúrgico de un frenillo lingual anómalo. Método: Se llevó a cabo un análisis descriptivo de documentos respaldado por la técnica de revisión sistémica. Resultados y conclusión: La sección del frenillo resuelve la dificultad anatómica, pero la correcta utilización de la lengua requiere una rehabilitación funcional post-operatoria. Se concluye que los frenillos linguales largos son capaces de producir recesión en la zona lingual, debido a la tracción que ejerce. Es decir, posee una relación directa entre la altura e inserción del frenillo con respecto a la pérdida papilar y la presencia de recesiones gingivales. La terapia con láser de alta intensidad constituye una buena alternativa a la técnica convencional.

Descriptores: frenillo lingual; dentición; periodontium. (Fuente, DeCS).

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Brief original
INTRODUCTION

A lingual frenulum, either short or long, can restrict the natural movement of the tongue due to a developmental abnormality. When a clinical diagnosis is made, it is observed that the tongue does not reach the hard palate or the incisal edges of the upper teeth when the mouth is fully opened. In some cases, considered mild to moderate, when attempting to extend the tip of the tongue, the tongue takes on the shape of a heart and may have an ischaemic area, indicative of a lack of blood supply. ¹ ² ³

The term ‘tongue-tie’ is used to describe this condition where tongue movement is restricted. This restriction is often associated with a prolonged tongue frenulum, also known as ‘tongue tie’. The solution often involves a frenectomy, a procedure that involves elevating the tongue to expose the frenulum. The use of electrosalpel is considered a safer and more effective option in soft tissue surgery, as it reduces the risk of bleeding, eliminates the need for sutures, requires less surgical time, minimises the chance of postoperative infection and avoids visible scarring. ⁴ ⁵ ⁶ ⁷ ⁸

In view of the above, the aim of this paper is to analyse the surgical management of an anomalous lingual frenulum.

METHOD

A descriptive document analysis supported by the systemic review technique was carried out.

The documentary sample consisted of 15 scientific articles extracted from sources such as PubMed and Scopus. The collected data were subjected to a documentary content analysis for further processing.

RESULTS
After analysing the surgical management of an anomalous lingual frenulum, a discussion arises around several relevant aspects in the dental field. Firstly, it is crucial to consider the importance of a thorough and accurate evaluation of the lingual frenulum to determine the need and type of surgical intervention required. This assessment should encompass not only the length of the frenulum, but also its relationship to surrounding structures and its impact on lingual function and overall oral health.  

It is essential to highlight the diversity of surgical techniques available to address the anomalous lingual frenulum. From conventional frenectomy to the use of advanced techniques such as electroscalpel, each approach has its own advantages and considerations. The choice of the most appropriate technique should be based on a careful assessment of the patient's individual needs, as well as the experience and skills of the practitioner performing the procedure. 

Another relevant aspect to discuss is the impact of the surgical intervention on the patient's long-term tongue function and quality of life. While correction of the anomalous lingual frenulum may improve tongue mobility and reduce associated problems, it is also important to consider possible side effects and complications, such as postoperative pain, scar formation and recurrence of the problem. In this context, it is crucial to emphasise the importance of careful and continuous follow-up of the patient after surgery to monitor progress and address any problems that may arise, and it is essential to educate the patient on the importance of proper oral hygiene and tongue rehabilitation exercises to optimise long-term results. 

Therefore; the surgical management of the anomalous lingual frenulum presents a number of important considerations that must be taken into account to ensure optimal outcomes and patient satisfaction. From initial evaluation to postoperative follow-up, each step of the process must be performed with care and attention to
Manejo quirúrgico de un frenillo lingual anómalo
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Ángel Fabricio Villacis-Tapia

achieve the best possible results in terms of tongue function and patient quality of life. 14 15

CONCLUSION

Frenulum section solves the anatomical difficulty, but correct tongue use requires postoperative functional rehabilitation. It is concluded that long lingual frenulae are capable of producing recession in the lingual area, due to the traction they exert. In other words, there is a direct relationship between the height and insertion of the frenulum with respect to papillary loss and the presence of gingival recession. High intensity laser therapy is a good alternative to the conventional technique.

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CONFLICT OF INTEREST

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