

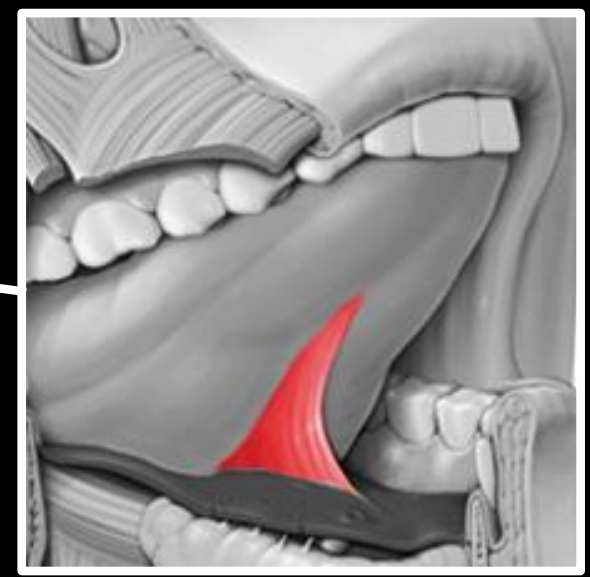
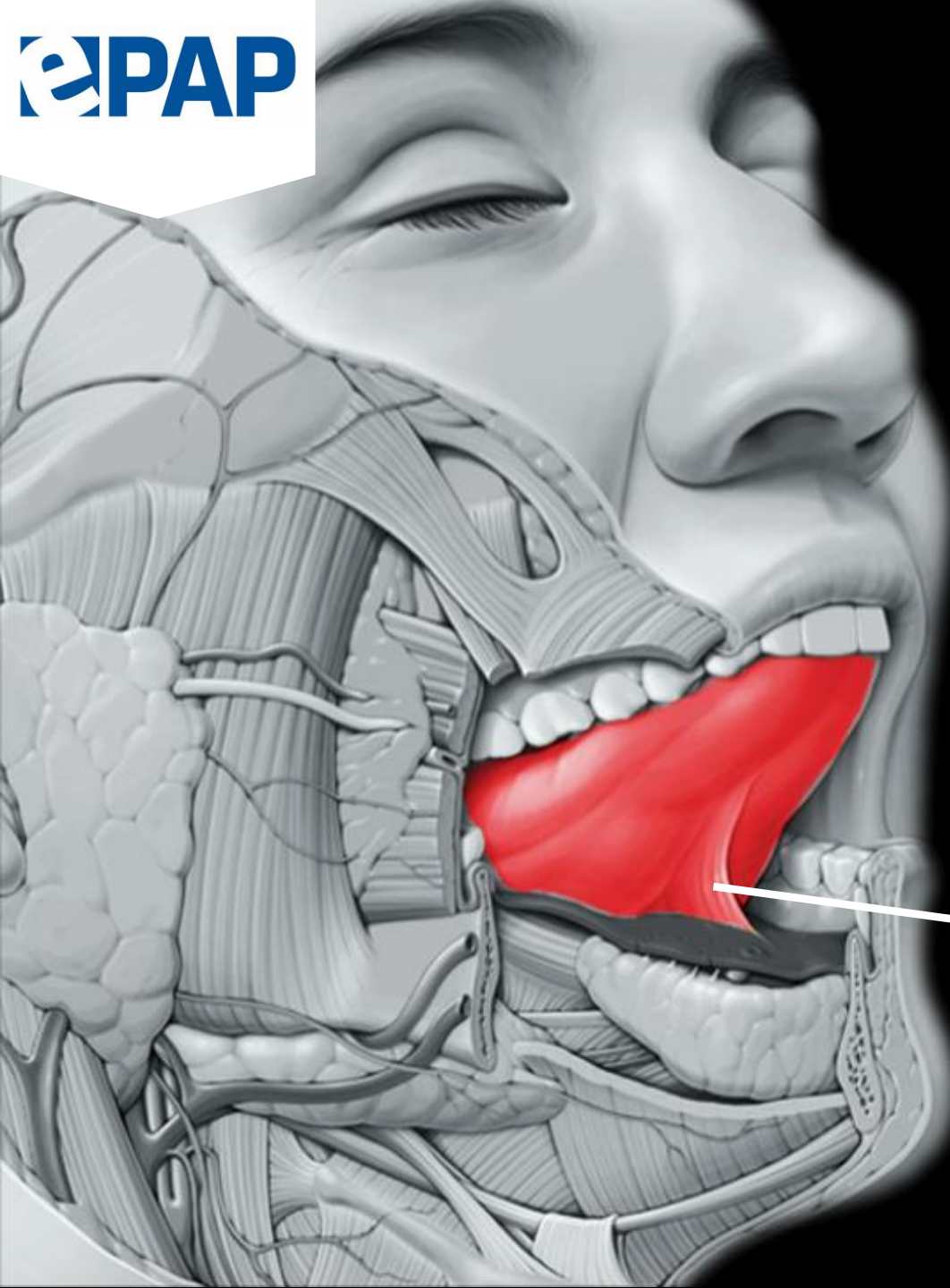


Sejam Bem Vindos!

4ª parte

FRÊNULO LINGUAL

Avaliação e condutas





TODOS OS DIREITOS RESERVADOS

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CONTEÚDO

- Anatomofisiologia da língua
- **Importância da avaliação do frênulo lingual**
- Avaliação do frênulo lingual em bebês
- Avaliação do frênulo lingual em crianças, jovens e adultos
- Cirurgias e resultados





Importância da avaliação do frênulo lingual

Parte 1

**Algumas vezes, ou deixamos de ver o que está
diante de nossos olhos e é óbvio...**

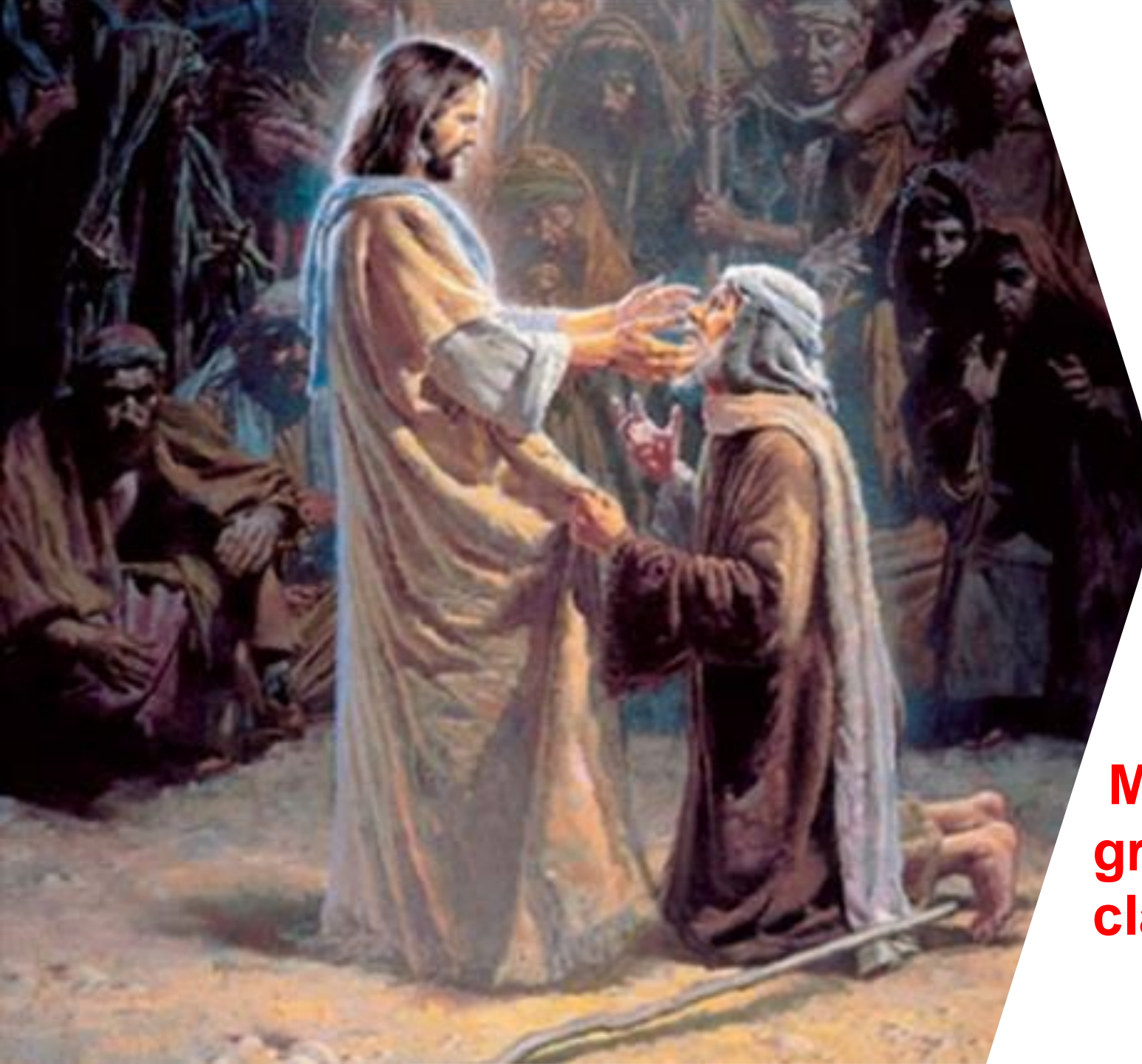


...ou vemos e deixamos de considerá-lo!

FRÊNULO LINGUAL



...é uma pequena prega de membrana mucosa que conecta a língua ao assoalho da boca, **permitindo que a parte anterior da língua se mova livremente.**



Desde os tempos Bíblicos...

A **anquiloglossia** é um dos defeitos anatômicos mais conhecidos e antigos que afeta a fala.

Marcos 7:35 ... E soltou os grilhões da língua e ele falou claramente.

Primeiras referências

Antigamente o problema era identificado e corrigido prontamente, **sem nenhuma controvérsia...**

...as parteiras mantinham uma unha longa e afiada para **cortar o frênulo da língua** dos recém-nascidos quando fixados anteriormente.



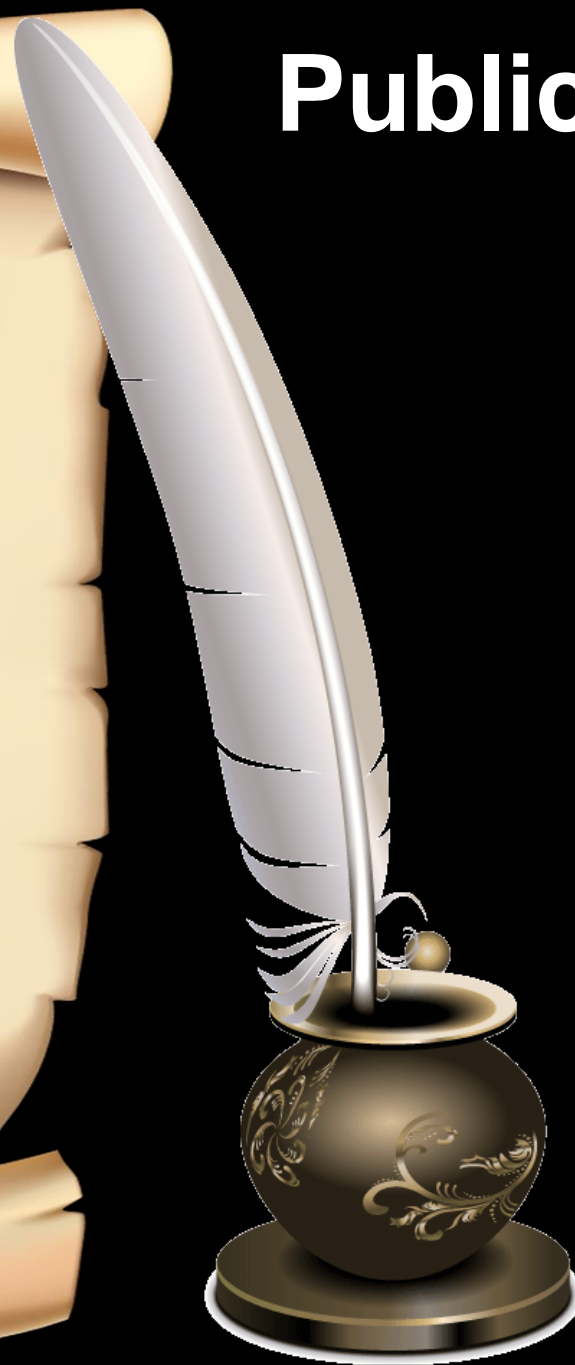
...a cirurgia é a **melhor forma de remover o frênulo**, e apesar de as parteiras o cortarem logo que nascem, **usando a unha ou uma moeda**, elas podem errar na decisão, portanto, é muito mais seguro que um hábil cirurgião faça isto.

Publicação de 1697



Publicação de 1697

Preocupado com a falta de higiene e segurança do método utilizado para cortar o frênulo, um cirurgião francês cria um instrumento para este fim, o qual foi incluído ao instrumental cirúrgico.



“Nurses’ Guide”


1729

É publicado, **de forma equivocada**, que a criança que nasce com a língua presa, vai ter muita dificuldade para sugar o peito e **nunca será hábil o suficiente para falar corretamente durante toda a sua vida** e que estes inconvenientes poderiam ser resolvidos facilmente com uma pequena cirurgia.

- No período de **1830 a 1841** uma forte onda de cirurgia **para curar qualquer doença** varreu a França, Alemanha e Inglaterra.
- **Gagueira, e até tosse**, foram tratadas com cirurgia.

Quando fica provado que muitas destas cirurgias **não eram adequadas**, os procedimentos cirúrgicos, inclusive as cirurgias para liberação do frênulo lingual, **diminuem** muito na Europa.





Essa é uma das razões, porque até hoje, alguns profissionais evitam fazer a cirurgia para liberação do frênulo lingual.





Historicamente, o grande período negro da prática do aleitamento ocorreu, em especial, durante os séculos XVII e XVIII com a **adoção de amas de leite** pelas mulheres aristocratas e burguesas.



Essas mulheres consideravam o ato de amamentar **ridículo e repugnante**, sendo esse comportamento tomado como **exemplo** pelas mulheres das classes menos favorecidas.



A diminuição na prática da amamentação parece estar relacionada também, com a **migração da população rural para as cidades** durante a Revolução Industrial (1760 a 1850).



A Revolução industrial determinou grandes transformações sociais, principalmente para a **mulher, que passou a trabalhar nas indústrias**, permanecendo longos períodos fora de casa, dificultando e quase impossibilitando a continuidade da amamentação.



O **advento do leite em pó** e sua acessibilidade a praticamente todas as classes sociais, tornou bastante difundida a prática da mamadeira.

As empresas não pouparam esforços para oferecer um produto “**substituto do leite materno**”, que tornasse “**dispensável**” a presença da mãe junto ao filho.



Como consequência desse comportamento, a **mortalidade infantil** passou a apresentar altas taxas associadas, então, ao desmame precoce, principalmente nos grupos mais pobres dos países não desenvolvidos.

Tentando superar essa questão, a Iniciativa Hospital Amigo da Criança foi idealizada pela UNICEF e OMS, tendo como objetivo a promoção, proteção e apoio ao aleitamento materno.

A partir de **1990**, todos os países devem desenvolver políticas nacionais de aleitamento materno, para o efetivo restabelecimento da “cultura do aleitamento materno”.

Com as campanhas de incentivo à amamentação preconizadas pela OMS e UNICEF na década de 90, apareceram também as dificuldades para amamentar...



**A anquiloglossia
passou a ser associada
às dificuldades de
amamentação**

WEB OF SCIENCE



SciELO

Scientific Electronic Library Online

embase
BIOMEDICAL ANSWERS

PubMed.gov

US National Library of Medicine
National Institutes of Health

651 artigos relacionados ao tema

1868 – 1990 (122 anos): **37 artigos publicados**

(média de 0,3 artigos por ano)

1991 – 2019 (28 anos) : **614 artigos publicados**

(média de 22 artigos por ano)

Instituições e profissionais começaram a orientar sobre a interferência da língua presa na amamentação e a importância do diagnóstico precoce





Tongue-tie

What is a tongue-tie?

Tongue-tie (ankyloglossia) is a condition in which the bottom of the tongue is anchored to the floor of the mouth by a thin membrane (frenulum), which may restrict the mobility of the tongue. The condition varies from a mild form in which the tongue is bound only by a thin membrane, to a severe form in which the tongue is completely fused to the floor of the mouth. Tongue-tie occurs in approximately three per cent of the population.

How can tongue-tie affect breastfeeding?

Sometimes, a tongue-tie does not cause any problems and no treatment is required. However, a tongue-tie may prevent the baby from taking enough breast tissue into its mouth to form a teat, making it difficult for them to latch well to the breast and suck effectively. Consequently, the mother may experience painful, damaged nipples and low milk supply. Treatments for tongue-tie may improve baby's ability to breastfeed and help reduce nipple pain.



Image use with permission by Janelle Aby, MD
Clinical Associate Professor Pediatrics, Stanford University;
Medical Director, Well Baby Nursery Lucile Packard Children's Hospital

Treatment

A thorough assessment by a lactation consultant and/or paediatrician will help you decide whether your baby requires any treatment. Treatment options include:

- *Breastfeeding support and counselling from a lactation consultant.*
- *Tongue-tie release—frenotomy.*

What is a frenotomy?

A frenotomy is a procedure commonly used to treat tongue-tie. This procedure is performed by a doctor, and involves using a pair of sterile scissors to snip the thin membrane under the tongue; releasing the tongue so that it can move more freely. There is usually very little bleeding and minimal complications with a frenotomy; the baby can breastfeed immediately after the procedure. Many mothers will notice an immediate difference in how well their baby feeds and a reduction in pain during the feed. Other babies may take one or two weeks to work out how to use their newly freed tongue and may continue to require support from a lactation consultant during this time.



Before frenotomy

After frenotomy

Image use with permission by Janelle Aby, MD
Clinical Associate Professor Pediatrics, Stanford University; Medical Director, Well Baby Nursery Lucile Packard Children's Hospital

Tongue Tie

from confusion to clarity

Dispelling the myths and revealing the facts about this little-understood condition

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Tongue Tie: Information for parents and practitioners

The purpose of this web site is to inform those with tongue tie, as well as their families and professional helpers, about the condition and how best to deal with it. This little-understood condition affects thousands of children and adults.

Many suffer in silence the multiple difficulties which derive from having a tongue which cannot move freely. There are infants who cannot suck, toddlers who cannot chew, children who cannot lick ice creams, and children and adults who are disadvantaged by their poor speech.

The premise that tongue tie is not 'per se' a medical problem or a cause of speech difficulty has been challenged. It is no longer generally accepted that only those ties severe enough to cause undernourishment, or to prevent pronunciation of tongue tip sounds, are significant.





Diseases and Conditions

Tongue-tie (ankyloglossia)

Definition

By Mayo Clinic Staff

Tongue-tie (ankyloglossia) is a condition present at birth that restricts the tongue's range of motion.



Tongue-tie

With tongue-tie, an unusually short, thick or tight band of tissue (lingual frenulum) tethers the bottom of the tongue's tip to the floor of the mouth. A person who has tongue-tie might have difficulty sticking out his or her tongue. Tongue-tie can also affect the way a child eats, speaks and swallows, as well as interfere with breast-feeding.

Sometimes tongue-tie may not cause problems. Some cases may require a simple surgical procedure for correction.

Symptoms

By Mayo Clinic Staff

Signs and symptoms of tongue-tie include:

- Difficulty lifting the tongue to the upper teeth or moving the tongue from side to side
- Trouble sticking out the tongue past the lower front teeth
- A tongue that appears notched or heart shaped when stuck out

When to see a doctor

See a doctor if:

- Your baby has signs of tongue-tie that cause problems, such as having trouble breast-feeding
- A speech-language pathologist thinks your child's speech is affected by tongue-tie
- Your older child complains of tongue problems that interfere with eating, speaking or reaching the back teeth
- You're bothered by your own symptoms of tongue-tie



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Ankyloglossia (Tongue Tie)

What is tongue tie?

The lower lingual frenulum is a strip of tissue that connects the tongue to the floor of mouth. Everyone has one, but in some people it is too tight, which is known as ankyloglossia, or tongue tie. This causes difficulty with elevating the tongue (to touch the roof of the mouth) or protruding it (sticking it out).

Does everyone with tongue tie require treatment?

Sometimes the child has no problems related to the tongue tie, and in that case it is best not to do anything. There are two major reasons to treat ankyloglossia. The first tends to be seen in young babies, where they have difficulty latching on during breastfeeding. This causes pain in mom, and unusually long feeding periods. Sometimes these babies can have problems with a spoon with the introduction of more solid foods. The other situation occurs when children have difficulty with their speech, usually in saying certain sounds like "t", "d", "z" or "s". More rarely, other problems of a more social nature, such as the inability to stick out their tongues like their friends, or having food get caught under the tongue, can be bothersome enough that treatment is warranted.

How is tongue tie treated?

The procedure, called a "frenuloplasty", or "frenotomy" is usually performed in the clinic on the younger babies. Older babies and children typically are briefly placed under sedation in the operating room to do the procedure. It only takes a few minutes and consists of clamping the tight frenulum followed by cutting it with scissors or a cautery pen. Sometimes sutures are also placed at the time of the frenuloplasty.

The child is allowed to eat immediately afterward. Pain is similar to a canker sore in the mouth. Tylenol or Motrin can be used for pain, or applying some teething gel to the area of the surgery. Please note that it is normal to have a whitish-yellowish coating on the area of the frenulum for a week afterwards.



DIVISION OF PEDIATRICS

Tongue-tie (Ankyloglossia)

The frenula are strong cords of tissue in the front – center of the mouth that guide the development of mouth structures during gestation. Important during fetal development, the frenula continue after birth to guide the positions of the baby teeth as they come in. Adults may still feel the remnant of their lip (labial) frenulum, which is what is left of the cord located between the center of the upper lip and the center of the upper gum.

Tongue-tie is a condition in which the free movement of the tongue is restricted due to abnormal attachment of the base of the tongue (lingual frenulum) towards the tip of the tongue. The lingual frenulum may be too short and taut after birth, or may not have receded and may remain attached too far along the base of the tongue. Children 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 frenum extends to the tip of the tongue, a v-shaped notch or heart shape can be seen at the tip. Ankyloglossia is often hereditary, and there is no means of prevention.

Problems Associated with Tongue Tie

Tongue tie can cause feeding problems in infants; if this is the case, feeding difficulties are usually noticed early in an infant's life. Feeding difficulties may include problems breastfeeding and sucking, poor weight gain for the baby, and poor milk supply for the mother. Feeding difficulties may be a reason to consider early surgery to cut the lingual frenulum and loosen the tongue.

In some children, tongue tie may also cause speech defects, especially articulation of the sounds - l, r, t, d, n, th, sh, and z. Preventing speech defects or improving a child's articulation may be another reason to consider surgical intervention. The tongue is remarkably able to compensate, however, and many children have no speech impediments due to ankyloglossia.

Although it is difficult to predict which infants with tongue tie are likely to suffer articulation problems later, the following characteristics are common in children with speech problems:

- V-shaped notch at the tip of the tongue
- Inability to protrude the tongue past the upper gums (or incisors)
- Inability to touch the roof of the mouth
- Difficulty moving the tongue from side to side

Tongue tie may contribute to dental problems as well, causing a persistent gap between the bottom two front teeth.

Frenulectomy: Surgery for Tongue Tie

When tongue tie surgery (frenulectomy) is recommended in an infant, it may be done in the office. Older children require a brief general anesthesia. It is a simple procedure and there are normally no complications.



Division of ankyloglossia (tongue-tie) for breastfeeding

NICE interventional procedure guidance [IPG149] Published date: December 2005

• Description

Ankyloglossia, also known as tongue-tie, is a congenital anomaly characterised by an abnormally short lingual frenulum; the tip of the tongue cannot be protruded beyond the lower incisor teeth. It varies in degree, from a mild form in which the tongue is bound only by a thin mucous membrane to a severe form in which the tongue is completely fused to the floor of the mouth. Breastfeeding difficulties may arise as a result of the inability to suck effectively, causing sore nipples and poor infant weight gain.

Many tongue-ties are asymptomatic and do not require treatment; some may resolve spontaneously over time. If the condition is causing problems with feeding, conservative treatment includes breastfeeding advice and counselling, massaging the frenulum, and exercising the tongue. Some practitioners, however, believe that if a baby with tongue-tie has difficulty breastfeeding, surgical division of the lingual frenulum should be carried out as early as possible. This may enable the mother to continue breastfeeding rather than having to switch to artificial feeding.

If division of the tongue-tie is performed in early infancy, it is usually performed without anaesthesia, although local anaesthetic is sometimes used. In an older infant or child, however, general anaesthesia is usually required. The baby is swaddled and supported at the shoulders to stabilise the head and sharp, blunt-ended scissors are used to divide the lingual frenulum. There should be little or no blood loss and feeding may be resumed immediately.

Coding recommendations

Procedure

SNOMED CT preferred term (concept ID)

Incision of lingual fraenum (7001008)

OPCS-4

F26.3 Incision of frenulum of tongue

Includes: Frenotomy of tongue

Diagnosis or health condition

SNOMED CT preferred term (concept ID)

Tongue tie (67787004)

Symptoms, diagnosis and causes of tongue tie (child)

[+ Save page](#)      

Tongue tie, also called ankyloglossia, is a condition present from birth in which there is decreased mobility of the tongue tip as the underside of the tongue is tethered to the floor of the mouth. It varies in severity from mild cases characterized by mucous membrane bands to complete ankyloglossia whereby the tongue is tethered to the floor of the mouth.

Operations and procedures

- [Tongue tie operation](#)

Incidence, age and sex

The incidence of tongue tie is thought to be 4 per 1000 of the population. Around 16 percent of babies who experience difficulty with breastfeeding, may have a tongue tie. It is more common in boys, than in girls.

Symptoms and signs

Diagnosis of ankyloglossia may be difficult. For infants, passively elevating the tongue tip with a tongue depressor may reveal the problem. For older children, making the tongue move to its maximum range will demonstrate the tongue tip restriction. When they protrude their tongue, there will be a heart-shaped look at the front of the tongue and no tongue tip can be seen.

Before the operation

Your child must have nothing to eat or drink for about 4 hours before the operation. This means not even a sip of water. Your child's stomach needs to be empty for a safe anaesthetic. If your child has a cold in the week before admission to hospital, please telephone the ward and let Sister know. The operation usually needs to be put off. Your child has to get over the cold before the operation is done. Sort out any tablets, medicines, and inhalers that your child is using. Keep them in their original boxes and packets. Bring them to hospital with you. On the ward, your child may be checked for past illnesses and may have special tests, ready for the operation. Many hospitals now run special preadmission clinics, where you visit for an hour or two, a week or so before the operation for your child to have these checks.

After - in hospital

Your child may have a little oozing of blood from the cut. It is not painful. Your child will be able to drink again about two to three 2-3 hours after the operation. He or she should be able to eat normally the next day. Usually you can take your child home on the day of the operation. You may be given an appointment to bring your child to the outpatient department a month after leaving the hospital for a check-up. Sometimes the family doctor checks the operation.

After - at home

There is very little to the operation. Your child can clean his or her teeth as long as care is taken not to brush under the tongue. If your child goes to school, he or she can return to lessons in a couple of days. Any sport can restart in a week or so.



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Tongue-tie and breastfeeding

What is tongue-tie?

Tongue-tie occurs when the thin piece of skin under the baby's tongue (the lingual frenulum) restricts the movement of the tongue. In some cases the tongue is not free or mobile enough for the baby to attach properly to the breast. Tongue-tie occurs in about 5% of people. It is three times more common in males than females and can run in families.



Some babies with tongue-tie are able to attach to the breast and suck well. However, many have breastfeeding problems, such as nipple damage, poor milk transfer and low weight gains in the baby, and recurrent blocked ducts or mastitis due to ineffective milk removal.

Why is a tongue-tie a problem for breastfeeding?

A baby needs to be able to cup the breast with his tongue to be able to remove milk from the breast well. If the tongue is anchored to the floor of the mouth, the baby cannot do this as well. The baby may not be able to open his mouth wide enough to

take in a full mouthful of breast tissue. This can result in 'nipple-feeding' because the nipple is not drawn far enough back in the baby's mouth and constantly rubs against the baby's hard palate as he feeds. As a result, the mother is likely to suffer nipple trauma.

There are many signs that a baby's tongue-tie may be causing problems with breastfeeding, but you don't have to have all of them:

- nipple pain and damage
- the nipple looks flattened after breastfeeding
- you can see a compression/stripe mark on the nipple at the end of a breastfeed
- the baby keeps losing suction while feeding
- the baby makes a clicking sound when feeding
- the baby fails to gain weight well

It is important to note that all of the above signs can be related to other breastfeeding problems and are not necessarily related to tongue-tie. If you experience any of the signs above, you may wish to call the breastfeeding helpline to speak with a breastfeeding counsellor or see a lactation consultant.

Tongue-tie

Tongue-tie (ankyloglossia) is a condition in which the thin piece of skin under the baby's tongue (the lingual frenulum) is abnormally short and may restrict the movement of the tongue.

Tongue-tie occurs in about three per cent of babies and is a condition that can run in families. It is more commonly found in boys.

Impact of tongue-tie

The most immediate impact of a tongue-tie is on a baby's ability to breastfeed effectively. It may interfere with a baby's ability to latch and suckle at the breast leading to:

- nipple pain and trauma
- poor breast milk intake
- a decrease in milk supply over time.



O que é Língua Presa?



Língua Presa



Língua Normal

Língua presa é uma alteração comum, mas muitas vezes ignorada. Ela está presente desde o nascimento, e ocorre quando uma pequena porção de tecido, que deveria ter desaparecido durante o desenvolvimento do bebê na gravidez, permanece na parte de baixo da língua, limitando seus movimentos.



Rizzato AJP, Corrêa CC, Martinelli RLC, Berretin-Felix G. Reestruturação da seção de motricidade orofacial do portal dos bebês. Anais do XXIII COFAB. 2016. p 36.

O que é o Teste da Linguinha?

O teste da linguinha é um exame padronizado que possibilita diagnosticar e indicar o tratamento precoce das limitações dos movimentos da língua causadas pela língua presa que podem comprometer as funções exercidas pela língua: sugar, engolir, mastigar e falar.

O protocolo de avaliação do frênulo da língua para bebês (Teste da Linguinha) foi desenvolvido durante o mestrado da Fonoaudióloga Roberta Lopes de Castro Martinelli na Faculdade de Odontologia de Bauru da Universidade de São Paulo.

É Lei:

O Projeto de Lei nº 4.832/12 de autoria do Deputado Federal Onofre Santo Agostini, "obriga a realização do protocolo de avaliação do frênulo da língua em bebês, em todos os hospitais e maternidades do Brasil", foi sancionado pela Presidência da República e se converteu na Lei nº 13.002, de 20 de junho de 2014.





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O Conselho Federal de Fonoaudiologia publicou o parecer nº 37 que trata da avaliação do frênulo lingual



O Departamento de Motricidade Orofacial da Sociedade Brasileira de Fonoaudiologia emite nota de esclarecimento sobre a nota técnica nº 9 publicada pela Coordenação Geral de Saúde da Criança e aleitamento

Atualmente existem 3 associações de anquiloglossia no mundo...



<http://tonguetieprofessionals.org/>



<http://astlit.org/>



<http://www.tongue-tie.org.uk/>



BASES DE DADOS CONSULTADAS...

651 artigos na íntegra relacionados ao tema



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- ✓ 4º aspectos sociais 17,9%
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**O QUE OS
ESTUDOS TÊM
EVIDENCIADO
NOS ÚLTIMOS
ANOS...**

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Esse é o assunto da nossa próxima aula!

Grata pela atenção!

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