

Tied Again: Recurrent ankyloglossia and impact on breastfeeding

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BACKGROUND:

- Ankyloglossia is a common condition with a significant impact on breastfeeding¹.
- Frenulotomy has proven benefit^{2,3}.
- There is very little data in the literature on risk of recurrence.
- A 4% recurrence rate has previously been reported⁴.

AIMS:

- We evaluated recurrence of ankyloglossia following frenulotomy and its impact on breastfeeding.

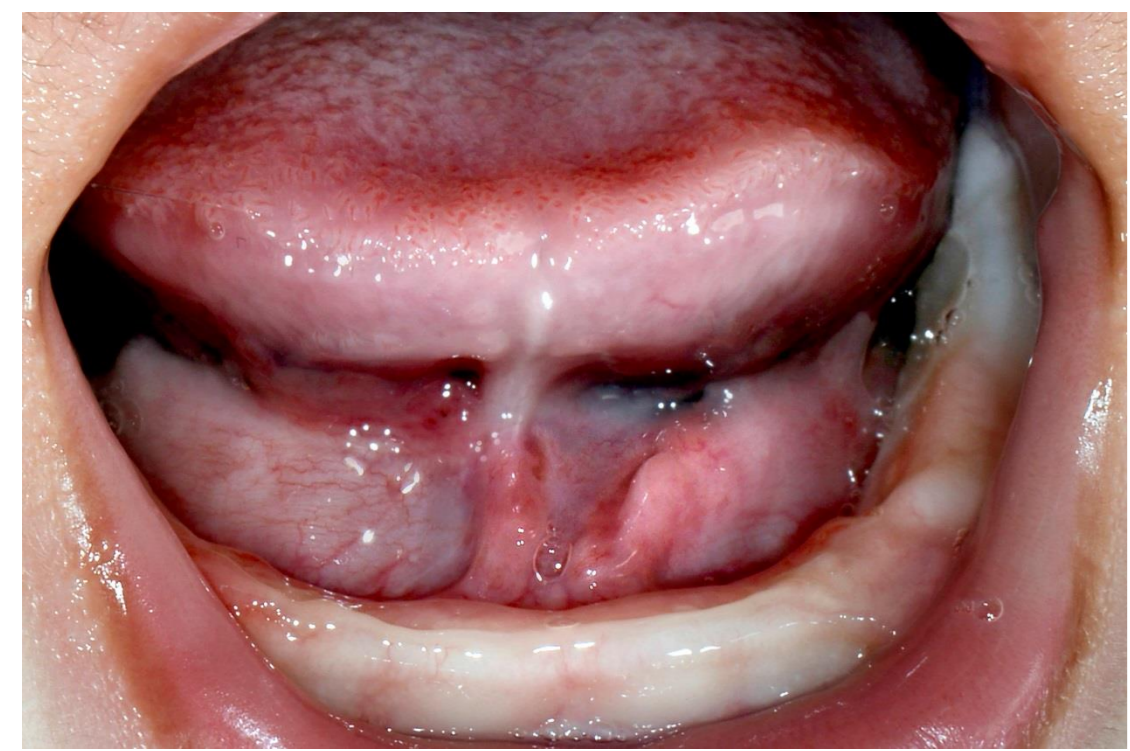


Fig 1. Recurrent tongue-tie



Fig 2. Scar division

METHOD

- A single centre, single surgeon, prospective study between May 2013 and October 2015.
- Data were collected from breast-feeding dyads with recurrence by :
 - questionnaire on initial attendance
 - telephone/postal follow up at 6 weeks.
- Questionnaire included:
 - impact on breastfeeding
 - symptoms, ease and comfort of breastfeeding
 - use of supplementation.
- Examination included:
 - severity of ankyloglossia (mild, moderate and severe)
 - tongue mobility (protrusion, lateralisation and elevation)
- Our protocol involves:
 - Teaching all parents active wound management techniques.
 - Advice to have wound and breastfeeding review within a week.
- Data presented as means, analysed using Fisher's Exact Test, ($p < 0.05$ significant), with Freeman-Halton extension where indicated. Wilcoxon Rank-Sum test used to analyse independent variables.

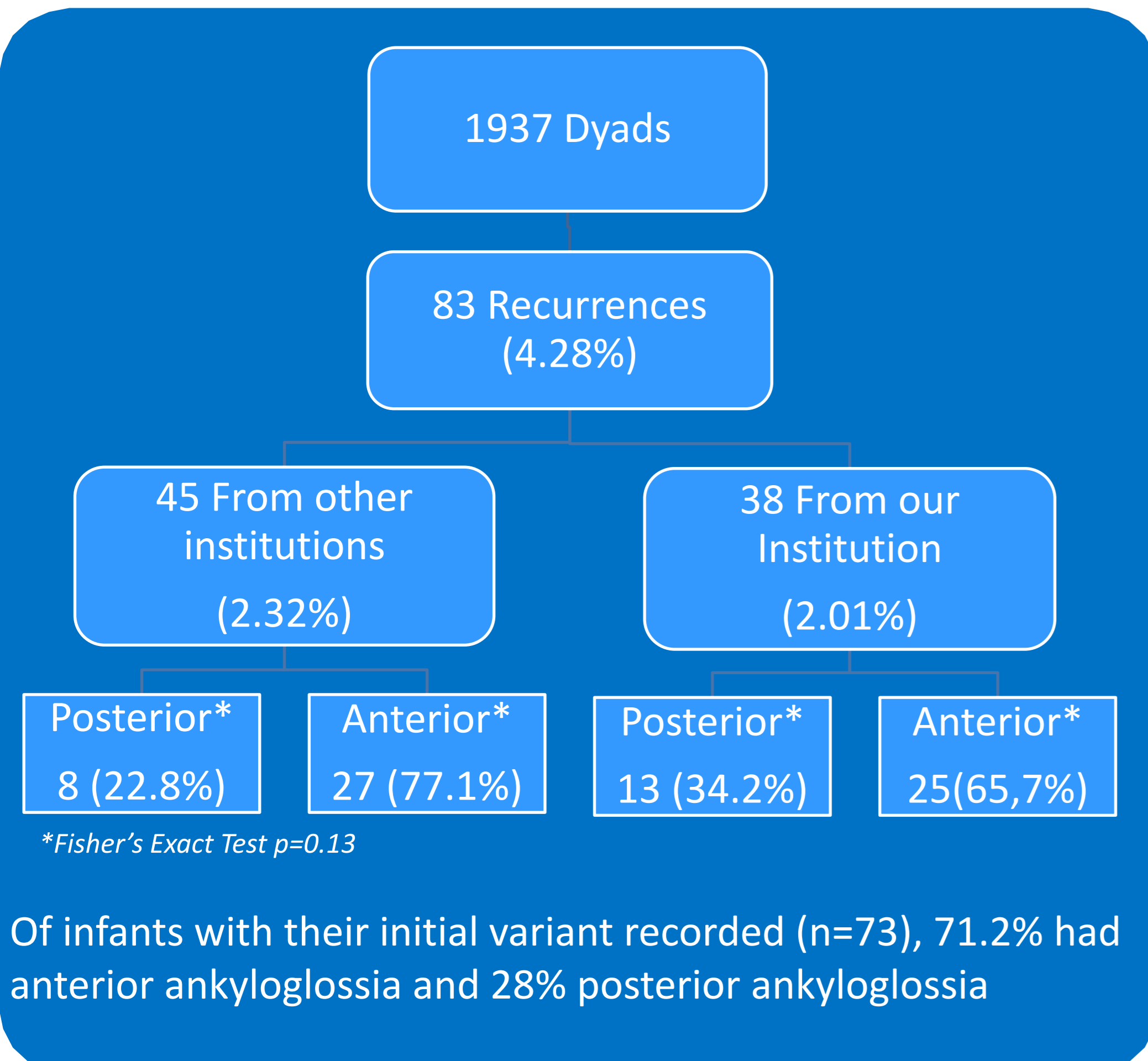


Fig 3. Summary of recurrent ankyloglossia population.

RESULTS:

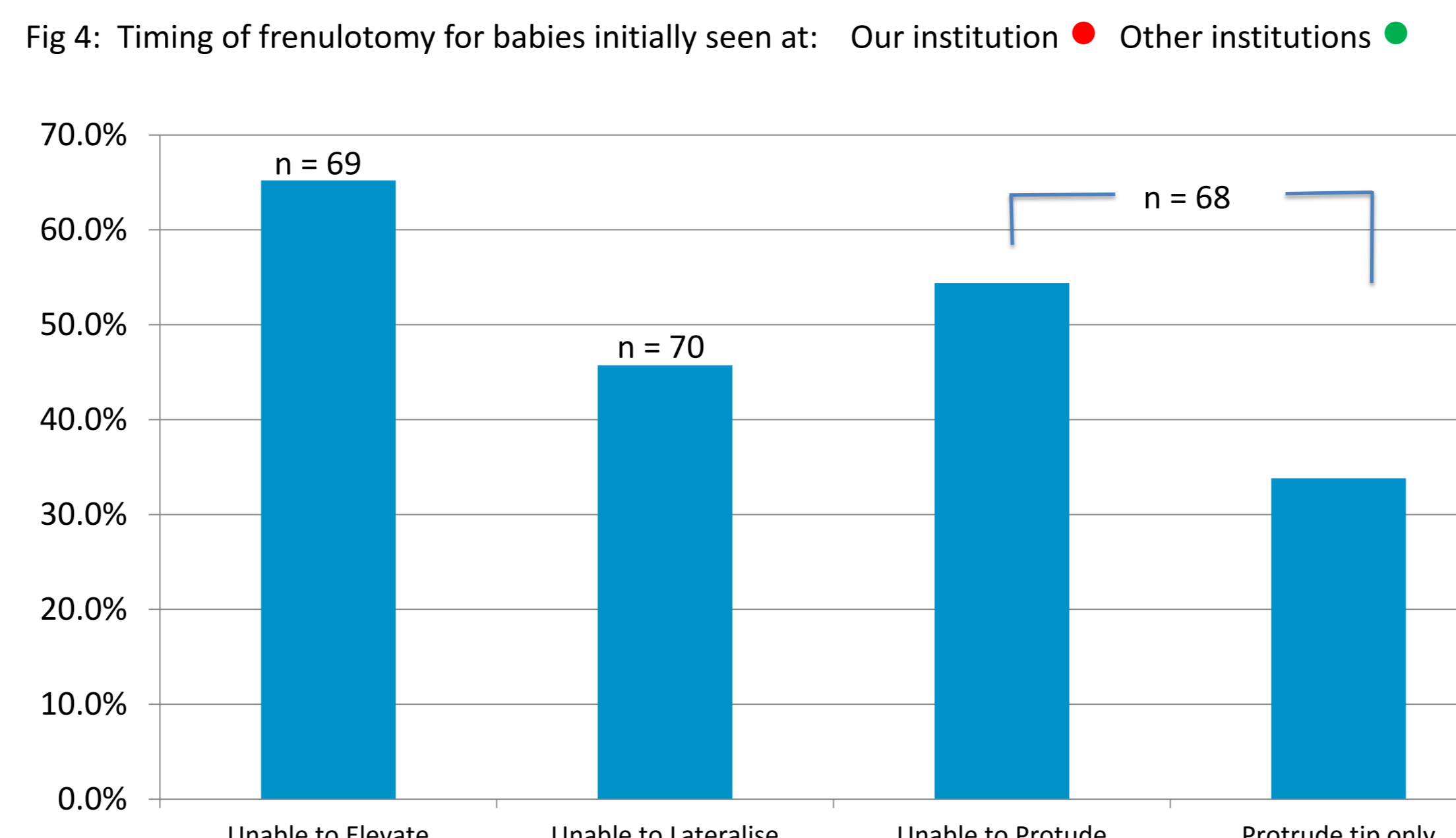
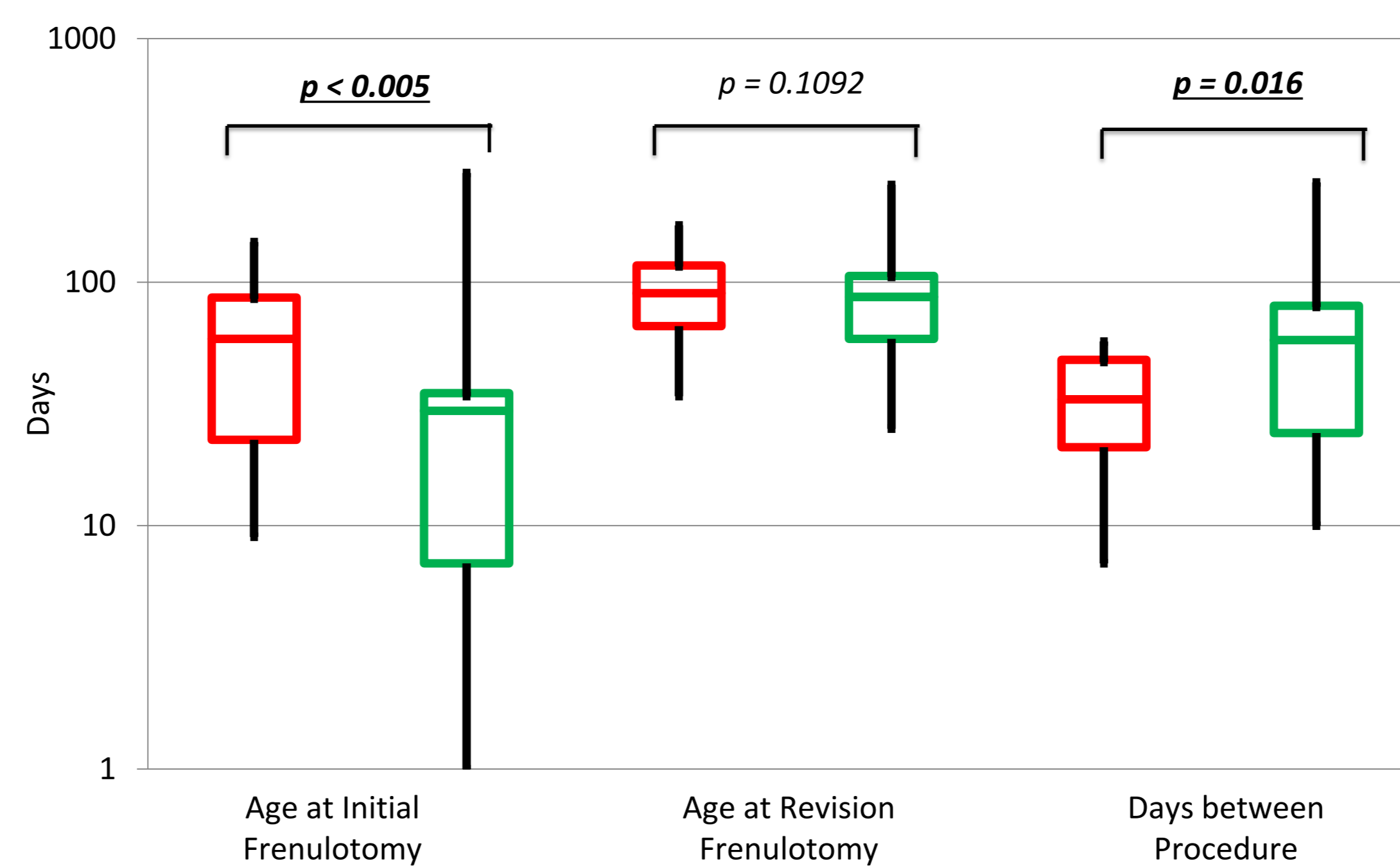


Fig 5: Assessment of tongue mobility amongst recurrence patients.

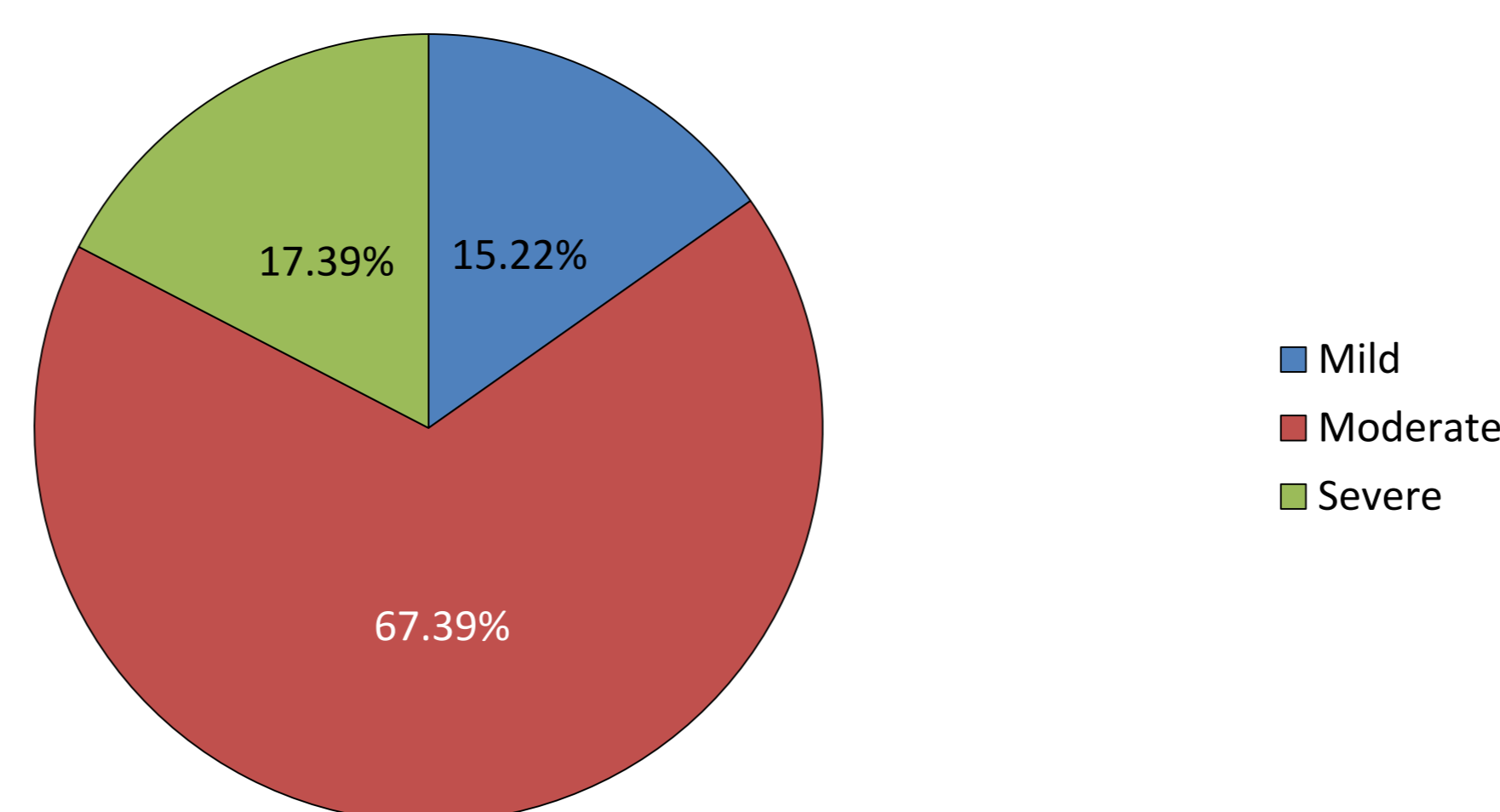


Fig 6: Severity of recurrence. ($n=46$)

	Pain	Trauma	Poor Latch	Noisy Feeding	Head Bobbing	Unsatisfied Baby
Initial	48 (58%)	34 (41%)	46 (55%)	28 (34%)	26 (31%)	6 (7%)
Recurrence	59 (71%)	35 (42%)	63 (76%)	40 (48%)	27 (33%)	4 (5%)
<i>p value</i> (Fisher's Exact)	0.536	1	<u>0.009</u>	0.082	1	0.746

Fig 7: Breastfeeding symptoms reported by mothers. ($n=83$)

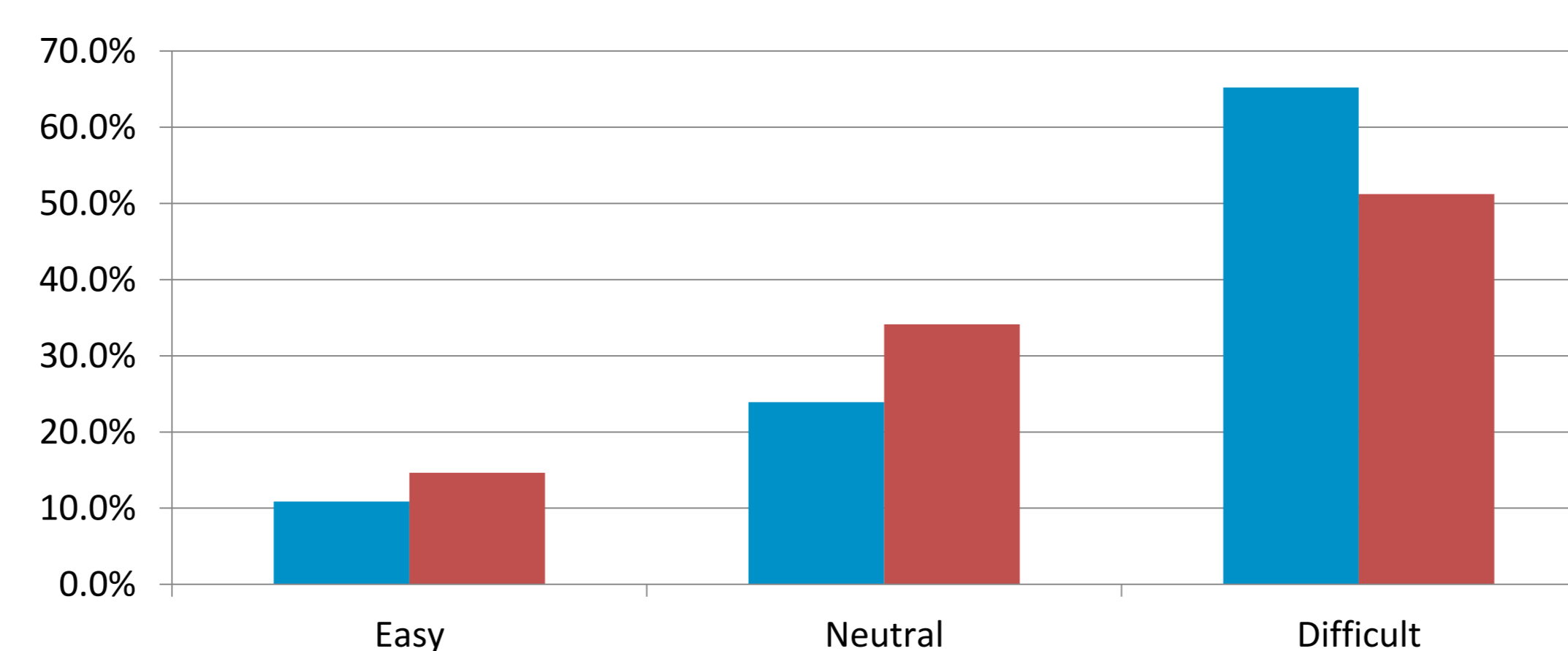


Fig 8: Ease of breastfeeding reported by mothers. $p = 0.436$

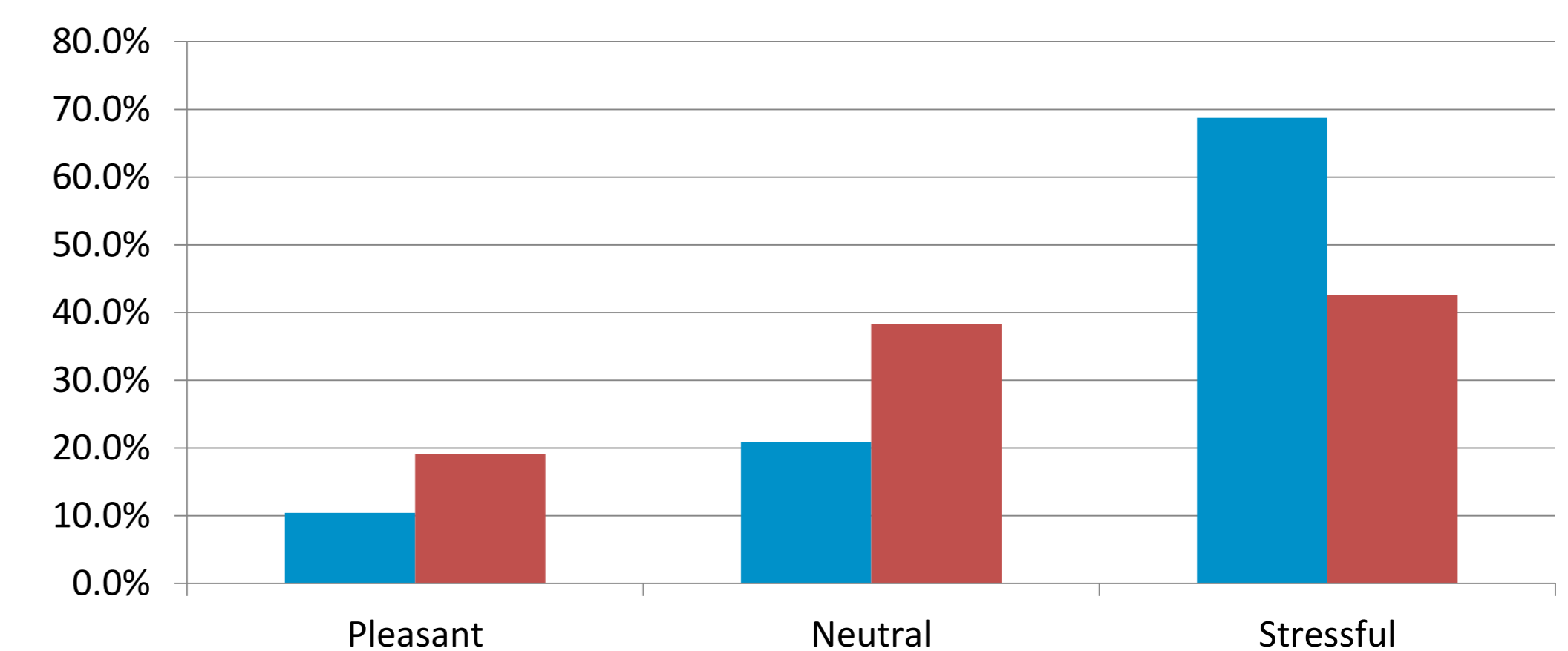


Fig 9: Level of stress during feeding reported by mothers. $p = 0.036$

• initial ($n = 48$) • recurrence ($n = 47$)

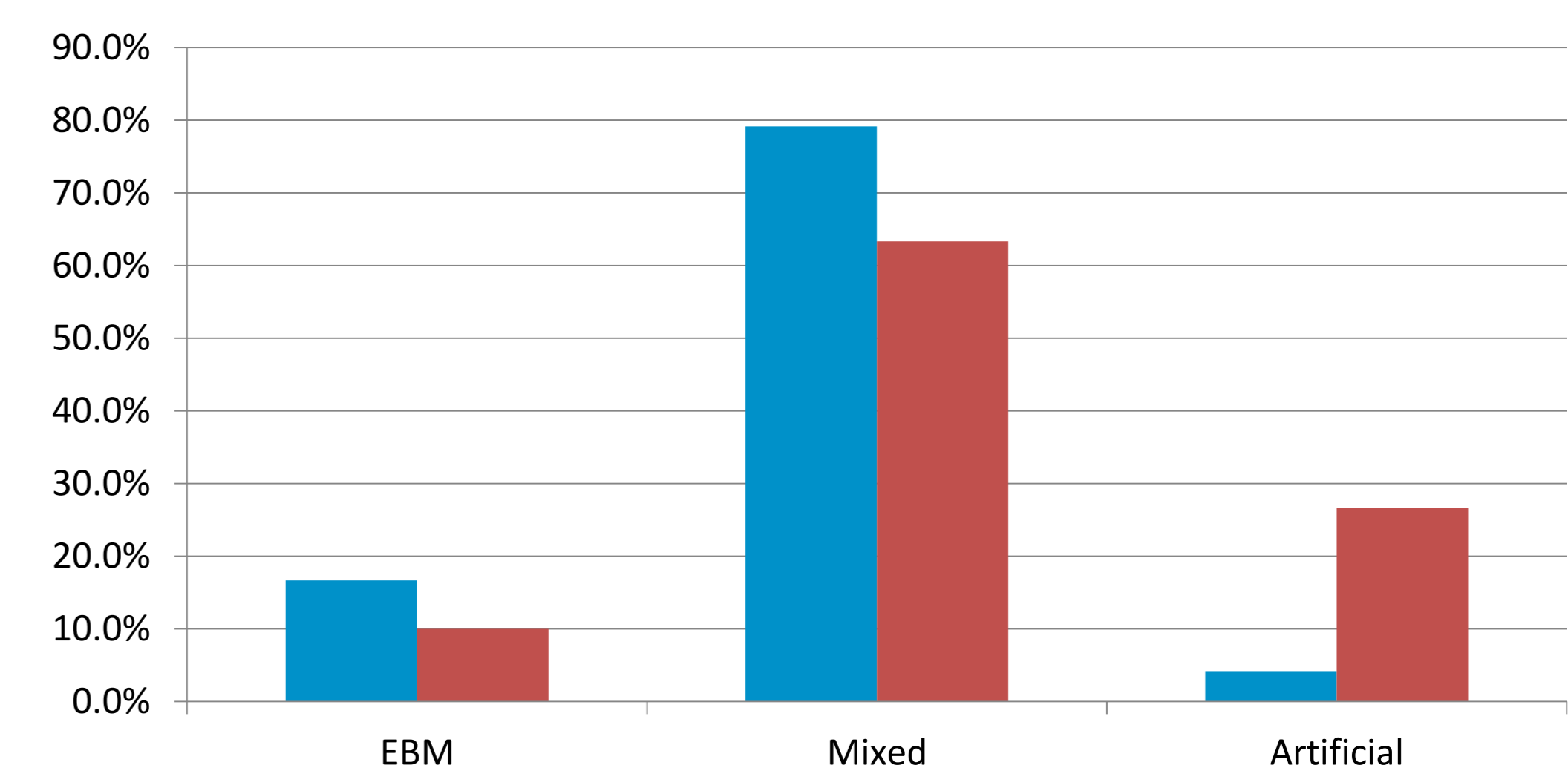


Fig 10: Supplementation used in feeding, as reported by mothers. $p = 0.005$

• Initial ($n=24$) • recurrence ($n=30$)

- 73% of all dyads presenting with recurrent ankyloglossia opted for revision frenulotomy.

DISCUSSION :

- Recurrent ankyloglossia presents as much of an impact on breastfeeding as the initial tongue-tie.
- Difficulties can persist after recurrence, poor latch is the most significant ($p = 0.009$).
- Although there was a higher use of supplemental feeding in recurrence ($p = 0.005$), mothers reported a lower degree of stress associated with breastfeeding ($p = 0.036$) in recurrence.
- Restricted tongue mobility results in inadequate cushioning of the lower gum leading to continuing shallow latch, resulting in poor milk transfer.

CONCLUSION:

- Our institution reports a recurrence rate of 2% after tongue-tie division.
- Recurrence can have significant impact on breastfeeding.
- Parents should be fully informed of the risks and sequelae of recurrent ankyloglossia.
- Babies who have undergone frenulotomy should be carefully followed up.
- Earlier recognition of recurrence would allow for more prompt treatment.
- Further investigation into the impact of revision frenulotomy on breastfeeding is required.

References:

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