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Reflections on the integration between Speech Therapy and Dentistry in the evaluation of the lingual frenulum in children in a University Service

Reflexões sobre a integração entre Fonoaudiologia e Odontologia na avaliação do frênulo lingual em crianças em um Serviço Universitário

Reflexiones sobre la integración entre la logopedia y la odontología en la evaluación del frenulo lingual en niños en un servicio universitario

Jaiany Ferreira Guimarães[1]
Aylla Evelin de Oliveira Bomfim[1]
Elma Heitmann[1]
Trixy Cristina Niemeyer Vilela Alves[1]
Janaína de Alencar Nunes[1]

Dear editors-in-chief,

In recent years, discussions about the early identification of lingual frenulum alterations have intensified, especially due to the impacts on diet and speech development. This scenario gained greater relevance after the implementation of Federal Law No. 13,002/2014, which made it mandatory to per-

1 Universidade Federal do Espírito Santo, Vitória, ES, Brazil.

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JFG, AEOB: study design and manuscript draft.
EH, TCNVA: critical review.
JAN: guidance.

Email para correspondência: janaina.nunes@ufes.br
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form the "Tongue Test" on newborns in Brazilian maternity hospitals[1].

Although most of the literature on ankyloglossia focuses on infants, there is still a scarcity of studies investigating the indications and outcomes of surgical interventions in older children[2].

This Letter to the Editor, prepared by researchers in the field, aims to reflect on the importance of integrated action between Speech Therapy and Dentistry in the evaluation of the lingual frenulum in children, highlighting its contribution to the accurate and judicious diagnosis of ankyloglossia.

Assessment of the lingual frenulum is recommended when the child presents impairments in tongue mobility and orofacial functions, including speech, chewing and swallowing[3,4]. In this sense, a question arises that deserves reflection: Why do professionals recommend surgery in cases of lingual frenulum alterations without functional limitations of the tongue?

The integration between Speech-Language Pathology and Dentistry reinforces the understanding that the diagnosis of ankyloglossia, popularly known as "tongue-tie", still represents a challenge in clinical practice, especially when professionals' decisions are based solely on anatomical aspects. However, surgical intervention alone does not always resolve functional difficulties, especially when changes related to orofacial motricity are present.

Firstly, the speech therapist is the professional responsible for evaluating and rehabilitating the functions performed by the language, and their practice must be based on scientific evidence, specific skills and ethical principles. At the same time, it is up to the dentist, through a surgical procedure, to enable free movement of the tongue, with interdisciplinarity being the success of the diagnosis and intervention[5].

At the Institute of Dentistry, of a Federal Higher Education Institution, it is observed that only a third of children are indicated for lingual frenulum release surgery, which may be a reflection of the partnership between Speech Therapy and Dentistry, contributing to assertive and less invasive clinical conduct.

To analyze the different aspects of the tongue and frenulum, including their shape, size, mobility and possible interference in orofacial functions, the Lingual Frenulum Assessment Protocol was used, the application of which not only includes an assessment of anatomical structures, but also of the functionality of the tongue and stomatognathic functions[3].

It is noteworthy that, before speech therapy in the sector, many children were referred directly to the surgical procedure, without an evaluation of their role. Although release of the lingual frenulum is considered an immediate solution to the anatomical changes observed in the clinical evaluation, it is essential that the indication is supported by a careful analysis of the tongue's functionality. In this context, the speech therapist is essential to identify functional changes and contribute to defining the real need and opportune moment of intervention.

It is important to mention that the altered lingual frenulum is not associated with orofacial changes, malocclusion or obstructive sleep apnea. Furthermore, available scientific evidence does not support a causal relationship between lingual frenulum alterations and speech delay, dysphagia, or gastroesophageal reflux[6]. But the altered lingual frenulum can produce speech sounds adequately through compensatory movements[7].

In practice, it was possible to observe that, in several cases, functional limitations related to speech, chewing, swallowing and tongue positioning in children were more associated with changes in orofacial myofunctional patterns than with anatomical changes in the lingual frenulum.

Thus, speech therapy became essential both in the evaluation and therapeutic monitoring of these children.

In this context, it is believed that the health professional should reflect on the real indication for lingual frenulum release surgery, avoiding both unnecessary surgical interventions and underdiagnosis of cases.

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