https://doi.org/10.23925/2176-2724.2026v38i4e77747

Analysis of inconclusive cases in the tongue-tie test: need for standardization of care

Análise de casos inconclusivos no teste da linguinha: necessidade de padronização assistencial

Análisis de casos no concluyentes en la prueba del frenillo lingual: necesidad de estandarizar la atención

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Dear Editors-in-Chief,

Ankyloglossia, commonly known as tongue-tie, is a congenital anatomical variation characterized by a shortened or abnormally attached lingual frenulum, which may restrict tongue mobility and affect orofacial functions such as sucking, swallowing, breathing, chewing, and speech.[1] In Brazil, its prevalence among newborns ranges from 2.6% to 17.0%, depending on the assessment tool used.[2]

It is worth noting that the Bristol Tongue Assessment Tool (BTAT) that has been validated by the Brazilian Ministry of Health and recommended for neonatal screening. International literature demonstrates considerable variability among assessment tools in terms of sensitivity, specificity, and functional emphasis, contributing to differences in case identification and classification.[3–5]

One of the tools used for the early detection of lingual frenulum alterations is the Protocol for the Assessment of the Lingual Frenulum in Infants, commonly known in Brazil as the "Tongue-Tie Test", which has been mandatory in Brazilian maternity hospitals since 2014 under Law No.

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Authors' contributions:
JAN, NMM: study design and manuscript draft.
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Received: 12/08/2026
Accepted: 07/09/2026

13,002/2014.[6] Early assessment is essential because lingual frenulum alterations may interfere with breastfeeding, contribute to early weaning, and affect language development. The test aims to identify newborns with potential limitations in tongue mobility, enabling early diagnosis and intervention when indicated.[7]

Despite the mandatory implementation of the Tongue-Tie Test, cases classified as inconclusive remain a weakness in the care pathway, even more than a decade after the introduction of mandatory screening. Such cases may lead to inconsistent clinical management and delays in intervention. Investigating this classification is therefore essential to improving clinical management and strengthening evidence-based practices.

This study analyzed inconclusive cases identified through the Tongue-Tie Test,[7] conducted at a public maternity unit within a university hospital, where an average of 80–100 births occur monthly. Screening is performed between 24 and 48 hours after birth.

A retrospective analysis of medical records from January 2024 to August 2025 was conducted. The study included newborns with a gestational age of ≥37 weeks, an Apgar score of ≥7 at 5 minutes, and no craniofacial anomalies, neurological disorders, or syndromes. Records of newborns readmitted after 48 hours of life, incomplete medical records, and cases involving maternal psychosocial or physical conditions that precluded breastfeeding assessment were excluded. The study was approved by the Research Ethics Committee under CAAE No. 85698424.6.0000.5071 and approval No. 7,533,984.

Concluding remarks

Before this analysis, the service had no systematic records of cases undergoing repeat assessment, highlighting weaknesses in the organization and consolidation of information within the healthcare system.

Of the 1,172 newborns screened, 102 (8.7%) were classified as inconclusive, of whom 86 were included in the study. Only 53 (61.6%) returned for reassessment after 30 days, indicating substantial loss to follow-up. At reassessment, only 4 infants (7.5%) had records concerning exclusive breastfeeding and the use of artificial nipples; these records were limited to numerical scores, with no anatomical or functional description.

Among the infants who underwent reassessment, only three (5.7%) were referred for surgical release of the lingual frenulum, indicating that surgical intervention was not recommended for most inconclusive cases and underscoring the importance of careful clinical reassessment. The absence of documentation regarding breastfeeding progression and orofacial function limited clinical interpretation and prevented differentiation between infants with functional impairment and those requiring monitoring alone.

In inconclusive cases, speech-language pathologists are encouraged to adopt a conservative management approach in accordance with Joint Technical Note No. 74/2025,[8] providing breastfeeding guidance, assessing sucking function, and documenting clinical progress. When functional impairment is suspected, reassessment during the first week of life is recommended, preferably in Primary Health Care services or at a Human Milk Bank. Surgical referral should be considered only after conservative strategies have been exhausted and within a transdisciplinary approach to care.

The findings highlight the urgent need to standardize clinical documentation, strengthen follow-up monitoring, improve the reassessment pathway, and provide ongoing professional training, with the aim of increasing diagnostic accuracy and reducing unnecessary referrals.

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