

# Ankyloglossia and frenotomy in Spain: assessment by the pediatric surgeon

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## *To the Editor,*

In the last decade, we have observed a notable increase in referrals for assessment for frenotomy in neonates and infants, as well as an increase in the number of procedures performed in both the public healthcare setting and private clinics by different professionals, including pediatric surgeons, midwives, and dentists.

On the one hand, the promotion of breastfeeding and its possible difficulties have contributed to the identification of ankyloglossia cases. Simultaneously, the rise of myofunctional therapies has led to attributing various pathologies to the lingual frenulum, without solid scientific evidence to support these associations beyond feeding difficulties in the first months of life, teething problems or, in very specific cases, the association with obstructive sleep apnea syndrome (OSAS). All of this, compounded by the lack of unified criteria, promotes overdiagnosis and overtreatment, leading to poorly indicated procedures that jeopardize patient safety and may be iatrogenic.

In 2024, the American Academy of Pediatrics warned about the increase in unnecessary frenotomy procedures, noting the potential influence of greater public awareness through the internet and social media, parental pressure, and economic interests<sup>(1)</sup>. Similarly, the American Academy of Pediatric Dentistry and the consensus of the American Academy of Otolaryngology–Head and Neck Surgery acknowledge that not all children with ankyloglossia require frenotomy or frenectomy, as there are other more common causes of breastfeeding difficulty<sup>(2-4)</sup>. The Canadian Paediatric Society (CPS) published a position statement in 2015 and reaffirmed it in 2024, highlighting

that the majority of babies with ankyloglossia are asymptomatic and do not present with feeding problems<sup>(5)</sup>.

In our country, the Spanish Association of Pediatrics has addressed the issue on its website, indicating that surgical intervention is not always necessary when ankyloglossia is diagnosed and warns that, in many cases, there is no visible structure responsible for the limitation of tongue mobility in the newborn<sup>(6)</sup>. The Spanish Society of Oral and Maxillofacial Surgery and Head and Neck Surgery has also publicly stated that most cases of ankyloglossia can improve with natural tongue growth without the need for surgery, that interventions should be reserved for situations where there is a clear clinical indication, and should be performed by qualified personnel.

As members of the Spanish Society of Pediatric Surgery, we feel an ethical and moral responsibility to curb the frenzy surrounding frenotomy, the dissemination of unverified information to families, the emergence of cases of severe hemorrhage presenting to our emergency departments, and unnecessary overtreatment potentially driven by economic interests. To improve healthcare for pediatric patients and reduce complications in a safe environment, we propose standardizing assessment scales and establishing multidisciplinary meetings with the professionals involved.

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