

## Letters to the Editor

### Ankyloglossia Superior

A 2.9 Kg full term male born out of non-consanguinous wedlock was brought to us with ankyloglossia superior (tongue-palate fusion). Mother did not receive any drug during pregnancy. None of the family members were affected. General examination revealed tongue fused to the palate (*Fig. 1*). The oromandi-bular region was normal. No limb malformation was present. No other congenital anomaly was detected. Systemic examination was normal. Surgical intervention of separating the tongue from the palate was done by cauterization. The



*Fig. 1. Photograph showing ankyloglossia superior or palato-glossal adhesion in a neonate.*

patient was started on feeds after 6 hours and had a smooth postoperative course.

Ankyloglossia superior is a rare anomaly(1). Generally, it presents as part of aglossy-adactylly syndrome, Hanhart syndrome(2) and oro-facio-digital syndrome. Other systemic anomaly known to be associated with ankyloglossia is (jejuno-ileal) atresia(2). Cause of this syndrome remains unknown, but both gastric and intrauterine factors have been suggested(3). All the cases reported till now are sporadic(2). In spite of greater degree of oral malformation the functional limitation of these patients is very small. In our case the patient had only superior ankyloglossia and no other deformity indicating an excellent prognosis.

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