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**Literature search results**

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<td>Richard Bridgen</td>
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**Search details**

Tongue tie in neonates/infants. Case reports/Case series on non-accidental injury to lingual frenum.

**Resources searched**

NHS Evidence; TRIP Database; Cochrane Library; CINAHL; EMBASE; MEDLINE; Google Scholar; Google Advanced Search

**Database search terms**: “tongue tie”; LINGUAL FRENUM; “lingual frenum”; “lingual frenulum”; “labial frenum”; labial frenulum; LABIAL FRENUM; frenum; frenulum; frena; FRENUM (ORAL); ankyloglossia; “anchored tongue”; injur*; “non-accidental injury”; “nonaccidental injury”; NAI; CHILD ABUSE; VIOLENCE; “child abuse”; violence; “inflicted injury”; “traumatic injury”; “deliberate harm”; nonaccidental ADJ2 injur*; non-accidental ADJ2 injur*; inflict* ADJ2 injur*; “battered baby syndrome”; “battered child syndrome”; BATTERED CHILD SYNDROME; infant*; neonate*; exp INFANT; baby; babies; newborn*

**Google search string**: (tongue (tie OR frenum OR frenulum OR frena)) AND tongue) (torn OR wound OR trauma OR injury OR injuries) (non-accidental OR nonaccidental OR inflicted OR abuse) -breastfeeding -book -books

**Summary**

There is some research into non-accidental injury to the lingual or labial frenum. It seems to be an indicator of physical abuse, although a recent study found this was not necessarily the case, the tears to the frenum being produced by other causes. Other studies which look at whether a torn frenulum is indicative of non-accidental injury include 2, 3, 4, 5, 6, 7, 9, 10, 11, 14, 15, 18, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31 and 32, whilst these studies cover incidence: 1; 12; 16. Please note that this summary is based on available abstracts; some studies do not include abstracts and the full-text of these articles may give different results.
Injuries to the oral cavity may involve teeth, gums, tongue, lingual and labial frenula, hard and soft palate or oral mucosa. Dental staff are particularly likely to identify these injuries.

One well-conducted systematic review of the literature identified 19 studies (603 children) that reported oral injuries associated with child maltreatment. Twenty-seven abused children had torn labial frenula, of whom 22 were younger than 5 years. Two children had non-abusive torn labial frenula.

Evidence-based reviews

BestBETs

Torn frenulum and non-accidental injury in children 2009

There appears to be no evidence for the sensitivity/specificity of torn frenulum in the investigation of non-accidental injury.

Published research

1. Medical, social and societal issues in infants with abusive head trauma.

Author(s): Koe S, Price B, May S, Kyne L, Keenan P, McKay M, Nicholson AJ

Citation: Irish Medical Journal, April 2010, vol./is. 103/4(102-5), 0332-3102;0332-3102 (2010 Apr)

Publication Date: April 2010

Abstract: Abusive head trauma (AHT) is the leading cause of death from traumatic brain injury in infants under 2 years of age. AHT presents with acute encephalopathy, subdural hemorrhages and retinal hemorrhages occurring in the context of an inappropriate or inconsistent history. We retrospectively analyzed, over a 10 year period, admissions and transfers to our hospital with suspected AHT to assess patterns of presentation, presenting symptoms, investigations, subsequent confirmation, social work input and both neurological and social outcomes. We analyzed all suspected AHT infants and children looking for the time of presentation, presenting symptoms, caregivers concerns prior to presentation, a family profile including stressors, investigations (in particular neuroradiology and ophthalmology assessments), treatment in hospital, length of stay in hospital, social work involvement, subsequent discharge, neurological outcome and subsequent social work follow up. Data was collected from the hospital HIPE system, RIS (radiology reports system) and records from the social work department from a period October 1998 to January 2009 inclusive. Of 22 patients with confirmed AHT, ages seizures and irritability followed by vomiting, poor feeding, a bulging fontanelle and lethargy. The father was the sole minder in 5 cases. There was a delayed history in 4 cases. One had multiple visits to his GP. All cases had subdural hemorrhages proven by either CT or MRI scans and retinal hemorrhages diagnosed by ophthalmology. One infant presented with a torn frenulum. Four had suspicious bruising. All had normal coagulation profiles, skeletal surveys and extensive metabolic tests. Hospital stays ranged from 1 to 124 days (the median was 28 days and mean 33 days). Ten (45%) infants required ventilatory support. Sixteen infants had social work involvement within 4 days of admission (7 of these were interviewed immediately). Outcomes after case conferences were that 6 returned home with parents, 9 were placed in foster care. Four parents (18%) admitted to shaking their infants. There was 1 death. Thirteen (60%) were normal on follow up. Two had ADHD. Two had language delay. Two had motor delay. One criminal prosecution has ensued as yet.

Children with suspected AHT should undergo appropriate investigations which should include brain imaging, ophthalmic examination, skeletal survey and blood investigations. Early social work assessment is a priority as part of the multidisciplinary approach. A prospective national study of AHT is required.

Author(s): Kidd AJ, Beattie TF, Campbell-Hewson G

Citation: Emergency Medicine Journal, 01 January 2010, vol./is. 27/1(52-52), 14720205

Publication Date: 01 January 2010

Abstract: Upper labial fetal tear in infants is classically taught as having associations with non-accidental injury. Collection of data for a 12-month period in our paediatric facial injury study revealed that this injury pattern is common in ambulant children and was associated with other facial trauma. In assessing the possibility of this injury being due to abuse, the importance of the mobility of the child and the mechanism of the injury are paramount.

Source: CINAHL

Full Text:
Available in fulltext at Highwire Press


Author(s): Reading R

Citation: Child: Care, Health & Development, 01 March 2008, vol./is. 34/2(282-282), 03051862

Publication Date: 01 March 2008

Source: CINAHL

Full Text:
Available in fulltext at EBSCO Host


Author(s): Maguire S, Hunter B, Hunter L, Sibert JR, Mann M, Kemp AM, Welsh Child Protection Systematic Review Group

Citation: Archives of Disease in Childhood, December 2007, vol./is. 92/12(1113-7), 0003-9888;1468-2044 (2007 Dec)

Publication Date: December 2007

Abstract: INTRODUCTION: A torn labial frenum is widely regarded as pathognomonic of abuse. METHODS: We systematically reviewed the evidence for this, and to define other intra-oral injuries found in physical abuse. Nine studies documented abusive torn labial frenum in 27 children and 24 [corrected] were fatally abused: 22 were less than 5 years old. Only a direct blow to the face was substantiated as a mechanism of injury. RESULTS: Two studies noted accidentally torn labial frenum, both from intubation. Abusive intra-oral injuries were widely distributed to the lips, gums, tongue and palate and included fractures, intrusion and extraction of the dentition, bites and contusions. CONCLUSIONS: Current literature does not support the diagnosis of abuse based on a torn labial frenum in isolation. The intra-oral hard and soft tissue should be examined in all suspected abuse cases, and a dental opinion sought where abnormalities are found.

Source: MEDLINE

Full Text:
Available in fulltext at Highwire Press
Available in fulltext at National Library of Medicine
Available in print at Lincoln County Hospital Professional Library

5. Frena tears and abusive head injury: a cautionary tale.
Tears of the lingual and labial frena have been associated with accidental and nonaccidental injury. Three cases of infants are presented who were evaluated in the hospital with frena tears which were not recognized as manifestations of abuse, discharged home, and subsequently returned with manifestations of severe abusive head injury.


Author(s): Reading R

Citation: Child: Care, Health & Development, 01 September 2007, vol./is. 33/5(650-651), 03051862

Publication Date: 01 September 2007

Source: CINAHL

Abstract: Torn labial frenum in isolation not pathognomonic of physical abuse.

Author(s): Welbury R

Citation: Evidence-Based Dentistry, 2007, vol./is. 8/3(71), 1462-0049;1462-0049 (2007)

Publication Date: 2007

Abstract: DATA SOURCE: Searches were made for studies using Applied Social Sciences Index and Abstracts, Caredata (the social work and social care knowledge base), Child Data (the National Children's Bureau Database), the Cumulative Index to Nursing and Allied Health, Embase, Medline, the System for Information on Grey Literature in Europe, the TRIP database (www.tripdatabase.com), Sciences Citation Index, and ISI Proceedings (covers conference papers in all scientific and technical fields). Authors were contacted where necessary.STUDY SELECTION: All studies of children 0-18 years with intra-oral injuries because of physical child abuse, and torn labial frena of any aetiology, in live and fatal cases were included. Review articles, expert opinion or guidelines that did not include primary evidence, studies with mixed adult and child data where the children's data could not be extracted, studies that addressed complications or management of abusive injuries, intra-oral injuries because of sexual abuse, thermal injuries or dental neglect were excluded.DATA EXTRACTION AND SYNTHESIS: Studies were reviewed by the Welsh Child Protection Systematic Review Group. Standardised data extraction and appraisal forms were used and a qualitative synthesis undertaken.RESULTS: Nineteen out of 154 studies reviewed were included, representing 591 children. There were no comparative studies of accidental and abusive torn labial frenum to enable a probability of abuse to be determined. Nine studies documented abusive torn labial frenum in 27 children, of whom 22 were younger than 5 years old and 24 had been fatally abused. Only a direct blow to the face was substantiated as a mechanism of injury. Two studies noted accidentally torn labial frenum, both from intubation. Abusive intra-oral injuries were widely distributed to the lips, gums, tongue and palate and included fractures, intrusion and extraction of the dentition, bites and contusions.CONCLUSIONS: Current literature does not support the diagnosis of abuse based on a torn labial frenum in isolation. The intra-oral hard and soft tissue should be examined in all suspected abuse cases, and a dental opinion sought where abnormalities are found.ome of the traditional and normative predictors of successful outcomes.

Source: MEDLINE

8. Frenular injury during insertion of the ProSeal laryngeal mask airway using

Author(s): Thackeray JD

Citation: Pediatric Emergency Care, October 2007, vol./is. 23/10(735-7), 0749-5161;1535-1815 (2007 Oct)

Publication Date: October 2007

Abstract: Frenular injury during insertion of the ProSeal laryngeal mask airway using
9. **Torn frenulum and non-accidental injury in children.**

**Author(s):** Teece S

**Citation:** Emergency Medicine Journal, 01 February 2005, vol./is. 22/2(125-125), 1472-0205

**Publication Date:** 01 February 2005

**Abstract:** A short cut review was carried out to establish whether a torn frenulum in a child is indicative of non-accidental injury. Altogether 104 papers were found using the reported search, of which none presented any evidence to answer the clinical question. It is concluded that there is no evidence available to answer this question. Further research is needed.

**Source:** CINAHL

**Full Text:**
Available in fulltext at Highwire Press
Available in fulltext at Highwire Press
Available in fulltext at National Library of Medicine

10. **Best evidence topic report. Torn frenulum and non-accidental injury in children.**

**Author(s):** Teece S, Crawford I

**Citation:** Emergency Medicine Journal, February 2005, vol./is. 22/2(125), 1472-0205;1472-0213 (2005 Feb)

**Publication Date:** February 2005

**Abstract:** A short cut review was carried out to establish whether a torn frenulum in a child is indicative of non-accidental injury. Altogether 104 papers were found using the reported search, of which none presented any evidence to answer the clinical question. It is concluded that there is no evidence available to answer this question. Further research is needed.

**Source:** MEDLINE

**Full Text:**
Available in fulltext at Highwire Press
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Available in fulltext at National Library of Medicine

11. **When is an abnormal frenulum a sign of child abuse?.**

**Author(s):** Chan L, Hodes D

**Citation:** Archives of Disease in Childhood, March 2004, vol./is. 89/3(277), 0003-9888;1468-2044 (2004 Mar)

**Publication Date:** March 2004

Author(s): Naidoo S

Citation: Child Abuse & Neglect, April 2000, vol./is. 24/4(521-34), 0145-2134; 0145-2134
(2000 Apr)

Publication Date: April 2000

Abstract: OBJECTIVE: The aim of the present study was to determine the head, face and neck injuries associated with child abuse cases in the Cape Peninsula, Cape Town, South Africa.METHOD: A retrospective, record-based analysis (n = 300) of non-accidental injuries at a Children's Hospital over a 5-year period (1992-1996) was carried out.RESULTS: The mean age of the sample was 4.75 years--54.3% were boys and 45.7% were girls. Most of the crimes were committed in the child's own home (88.7%). Crimes were reported by mothers (48.7%), grandmothers (11.7%) and day hospitals (13%). Ninety percent of the perpetrators were known to the victim. The majority of the perpetrators were male (79%); 20% the perpetrators were the mother's boyfriend; 36% the father or step father, and in 12% the mother was responsible. Thirty-five percent of perpetrators were under the influence of alcohol or drugs when they committed the offence: 64.7% of cases suffered serious injuries, 48.7% had to be hospitalized, four children were critically injured and died. The head, face, neck, and mouth were the sites of physical injury in 67% of the 300 cases reviewed. The face was the most frequently injured (41%) part of the body, with the cheek being the most common site for the injury. The range and diversity of the oro-facial injuries included skull fractures, subdural hematomas, retinal hemorrhages, bruises, burns, and lacerations. Injuries to the mouth included fractured teeth, avulsed teeth, lacerations to the lips, frenum, tongue, and jaw fractures.CONCLUSIONS: The main conclusions of this study were (i) under 2-year-old children were most at risk from abuse (36%); (ii) the number of the reported injuries to the oral cavity was extremely low (11%); and (iii) no dentists participated in the examination of any of the patients. Intra-oral injuries may be overlooked because of the medical examiner’s unfamiliarity with the oral cavity. Oral health professionals should be consulted for diagnosis, advice and treatment.

Source: MEDLINE

13. Neonatal sublingual traumatic ulceration (Riga-Fede disease): reports of cases

Author(s): Goho C.

Citation: ASDC journal of dentistry for children, September 1996, vol./is. 63/5(362-364) (1996 Sep-Oct)

Publication Date: September 1996

Abstract: Neonatal sublingual traumatic ulcerations (Riga-Fede disease) can present as mild to severe ulcerations. The associated pain can interfere with infant nursing and nutrition. The preferred, conservative treatment consists of smoothing rough incisal edges, or placing round smooth composites over the incisal edges. Acute ulcerations, and a need for definite, rapid healing, may require extraction of the neonatal teeth.

Source: EMBASE


Author(s): Jessee SA
Abstract: About one-half of all child abuse cases involve some form of orofacial injury. Common signs of physical abuse include fractures of the teeth or the maxilla, mandible and other facial bones, facial burns, lacerations of the lips and lingual frenum, and bite marks on the face and neck. Sexual abuse should be suspected if erythematous, ulcerative, vesiculopustular, pseudomembranous and condylomatous lesions are present on the lips, tongue, palate, face or pharynx. Dental neglect, a common form of child maltreatment, should be suspected if rampant caries and oral infection, bleeding and trauma persist despite the elimination of financial and transportation obstacles. Questioning the child and parents separately may help uncover an obvious discrepancy between the clinical findings and the history. Reporting suspected child abuse to the appropriate agency may protect the child from further injury and help the family obtain assistance to correct abusive practices and minimize the recurrence of abuse.

Source: MEDLINE

Full Text:
Available in fulltext at EBSCO Host


Author(s): Kvaal SI

Citation: Revue Belge de Medecine Dentaire, 1993, vol./is. 48/1(49-53), 0035-080X (1993)

Publication Date: 1993

Abstract: Child abuse is more common than previously supposed, and non-accidental injuries may also present in the oral cavity. Results of physical abuse are most commonly diagnosed as such, but injuries from sexual abuse and results of neglect may be observed in the mouth. Bruises are the most common types of non-accidental injuries, the lips and frena being specially exposed, through burns may be cause by over-hot food or caustic liquids. The teeth may fracture, be avulsed, displaced or discoloured as a result of non-accidental injury. Sexually transmitted diseases in children's mouths are strong indications of sexual abuse. Children exposed to oral sexual activities over a considerable period of time may develop higher caries rates and erosion on the palatal surface of the maxillary teeth. Dental neglect may be part of general neglect. The dentist's role is to treat the oral injuries and take appropriate action to prevent continued abuse.

Source: MEDLINE

16. Dental aspects of 1248 cases of child maltreatment on file at a major county hospital.

Author(s): da Fonseca MA, Feigal RJ, ten Bensel RW

Citation: Pediatric Dentistry, May 1992, vol./is. 14/3(152-7), 0164-1263;0164-1263 (1992 May-Jun)

Publication Date: May 1992

Abstract: The frequency of head, face, mouth, and neck injuries due to child maltreatment was investigated in a review of 1248 cases on file in the pediatrics office at Hennepin County Medical Center in Minneapolis, Minnesota, from January, 1985, to December, 1989. There were 485 boys (38.8%) and 763 girls (61.2%) examined. Physical abuse cases (41.0%) outnumbered sexual abuse (35.4%) and neglect episodes (23.6%). The gender ratio was distributed equally except in sexual abuse, where there were 4.7 girls for each boy examined. More than half of the children (52.9%) were in the 0- to 4-year age group. Considering all cases together, 37.5% presented with injuries to the head, face, mouth, and neck. However, that percentage doubled (75.5%) when physical abuse episodes were reviewed alone. The intraoral injuries seen were five tooth fractures, three tongue and tongue frenulum lacerations, two lip frenulum lacerations, 11 injuries to the oral mucosa, eight palatal lesions, two fractures of the mandible or maxilla, loose and missing
teeth, and dental neglect. Despite the high frequency of injuries, no dentists examined children at the time of the hospital intake or referred children for suspicion of maltreatment in the population studied. The findings suggest the importance of involving dental professionals in identifying, reporting, and preventing child abuse and neglect.

**Source:** MEDLINE

17. **ABC of child abuse.**

**Author(s):** Hutchins KJ

**Citation:** Archives of Disease in Childhood, May 1992, vol./is. 67/5(663-4), 0003-9888;1468-2044 (1992 May)

**Publication Date:** May 1992

**Full Text:**
Available in fulltext at Highwire Press
Available in fulltext at Highwire Press
Available in fulltext at National Library of Medicine
Available in print at Grantham Hospital Staff Library

18. **Bite marks, oral and facial injuries--harbingers of severe child abuse?.**

**Author(s):** Sperber ND

**Citation:** Pediatrician, 1989, vol./is. 16/3-4(207-11), 0300-1245;0300-1245 (1989)

**Publication Date:** 1989

**Abstract:** Bite mark evidence has been admitted in a vast number of cases in courts throughout the United States, as well as other countries. Because there is variation in the dentition of humans, if bite marks are noted in a victim, it is possible in many cases to determine the identity of the perpetrator depending on the quality of the bite mark, its age, lack of distortion and documentation. In other cases, facial injuries, including damage to the frenum and teeth in addition to the face, may point to nonaccidental injury if the history corroborates this condition.

**Source:** MEDLINE

19. **Tongue-tie.**

**Author(s):** Catlin FI

**Citation:** Archives of Otolaryngology, December 1971, vol./is. 94/6(548-57), 0003-9977;0003-9977 (1971 Dec)

**Publication Date:** December 1971

**Source:** MEDLINE

20. **Facial injuries associated with the battered child syndrome.**

**Author(s):** Tate RJ

**Citation:** British Journal of Oral Surgery, July 1971, vol./is. 9/1(41-5), 0007-117X;0007-117X (1971 Jul)

**Publication Date:** July 1971

**Source:** MEDLINE

**Google Scholar**

*From 1st 50 results…*

21. **Nonaccidental Trauma**
22. Does a Torn Frenulum Indicate Abuse?
BS Spivack - AAP Grand Rounds, 2008 - Am Acad Pediatrics
... studies included lacerations or bruising to the lips, mucosal lacerations, dental trauma, tongue injuries, and gingival ... There were only two reported cases of frenulum tears arising from accidental injury, both ... support the diagnosis of abuse based on a torn labial frenum in isolation ...

23. Oral and dental aspects of child abuse
ASP Pertiwi... - Isi, 2006 - journal.unair.ac.id
... a victim of sexual abuse, cotton swab should be performed to get the buccal mucosa and tongue smear. ... Figure 1. Bruise on frenulum caused by blows on the face ... Injuries to the upper lip and maxillary labial frenum may be characteristic lesion in the severely abused young ...

24. Child abuse presenting as oral cavity bruising
HW Lin, AM Wieland... - Otolaryngology--Head and ... , 2009 - oto.sagepub.com
... Injuries of the palate, pharynx, tongue, or floor of mouth can result from forcible insertion of ... A tear of the superior labial frenulum in nonambulatory children is often considered pathognomonic of ... Diagnosing abuse: a systematic review of torn frenum and other intra-oral injuries ...

25. Oral and Dental Aspects of Child Abuse and Neglect (From Child Abuse and Neglect: Guidelines for Identification, Assessment, and Case Management, P 58-60 ...
SM Blain, DDS Norman Sperber... - 2003 - ncjrs.gov
... Abstract: The chapter states that blunt trauma injuries in child abuse are most often inflicted with an object, eating utensils, hands, or ... This may result in contusions; lacerations of the tongue, buccal mucosa, palate, gingiva alveolar mucosa, or frenum; fractured, displaced ...

26. Oropharyngeal injuries in children
T Marom, E Russo, Y Ben-Yehuda... - Pediatric emergency ..., 2007 - journals.lww.com
... The decision to initiate antibiotic therapy is clear in patients with an overt bite wound infection ... Lingual frenulum injury is rare and treated similarly ... tongue injuries happen when the tongue is between the teeth and a fall occurs, injuring the ventral aspect of the tongue, which tend ...

27. Oral bleeding: child abuse alert
T Stricker, U Lips... - Journal of paediatrics and ..., 2002 - Wiley Online Library
... 3 Oral manifestations of physical abuse include: contusions; lacerations (eg of the frenulum); 4 fractured ... 3 Injury is most commonly caused by blunt trauma, scalding liquids or caustic substances. ... injuries was: 54% lips, 15% oral mucosa, 12% teeth, 12% gingiva and 7% tongue. ...
28. **Management of child abuse**  
A Tokarski - Advanced Emergency Nursing Journal, 1982 - journals.lww.com  
... Bruises of the periorbital area result from basilar skull fractures or direct orbital and ocular trauma. ... Such lesions, as well as lacerations of the frenulum of the tongue, are present when there has been forced feeding of the child. ...  
Related articles

29. **Dental aspects of child abuse: review and case reports**  
AL Symons, PV Rowe - Australian Dental Journal, 1987 - Wiley Online Library  
... These include bruised and swollen lips, luxated teeth, lacerations of the lingual or labial frenulum, abrasions of the corners of the ... The tongue can be severely injured by teeth during blows to the face. ... The patient attended three weeks after the injury and the wound had healed (Fig ...  
Cited by 4 - Related articles - All 2 versions

30. **Patterns of injury in nonaccidental childhood fatalities**  
LS Gabriel - Journal of Forensic Nursing, 2009 - Wiley Online Library  
... The cause of death was blunt force trauma consistent with child abuse. ... lip, naris, and gum; circumferential abrasions to the chin, maxilla mucosa, and tongue; scapular contusions ... who presents with head and facial contusions in addition to a lacerated frenulum, contusions on ...  
Related articles - All 3 versions

31. **Primary identification of an abused child in dental office: A case report**  
C AL - J Indian Soc Pedod Prevent Dent-December, 2007 - medind.nic.in  
... The indicators that may be noticeable to the dental professional include trauma to the teeth and injuries to the mouth, lips, tongue or cheeks that are not ... Injuries to the upper lip and maxillary labial frenum may be a characteristic in severely abused young children.[4] ...  
Related articles

32. **Abusive Head Trauma**  
EE Endom… - ... Guide to the Evaluation of Child Physical Abuse ..., 2009 - Springer  
... As noted above, epidural hemorrhage may occur with relatively minor trauma to the parietal skull if the vulnerable middle meningeal artery is torn. ... Tears to the frenulum of the tongue or upper lip are common following accidental trauma, such as falls in children beginning to ...  
Related articles

33. **Tongue tie**  
DMB Hall... - Archives of disease in childhood, 2005 - adc.bmj.com  
... A case is reported in which a tight frenum ruptured spontaneously during feeding...this baby remained a ... it till the age of two or three...There are still doctors who cut the frenulum in the ... over-diagnosed in the past because of the failure to recognise that the frenum passing from ...  
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