Abstract
Ankyloglossia is a disease characterized by difficulty in breast-feeding, limitation of tongue, and speech disorders. Prevalence of the disease is %1-10 in the literature (1). Cold knife, Laser surgery, electro cautery methods are used in the surgical treatment of the disease. Coblation radiofrequency technology provides low temperature work with minimal damage to neighborhood tissues. We present a 21 years old male with ankyloglossia treated by coblation surgery in the lights of the literature.

Introduction
Ankyloglossia named also as hypertrophic lingual frenulum, tongue-tie in the literature. There is a fibrous band between base of tongue and tongue that prevents the movement of the tongue. Males are more often affected than females [1]. Breast feeding, speech problems and nutritional problems are associated with the disease because of functional problem of tongue.

Treatment of the disease is surgical treatment. Time of the surgery is controversial. Cold surgery, electro surgery, laser surgical methods are described in the literature [2-4].

Coblation surgery is a new technology. Coblation surgery can be used in Tonsillectomy, adenoidectomy, soft palate surgery, inferior turbinate surgery in head and neck surgery.

We present a 21 years old male with ankyloglossia treated by coblation surgery in the lights of the literature.

Case Report
A 21 year old male is encountered to ENT clinics with speech disorder and tongue movement disorder. We found ankyloglossia with thick and short frenulum in our physical examination (Figure 1). The remaining head and neck examination was normal. There is no syndromic child and cleft palate in patient’s history. The diagnosis is based on physical examination and symptoms of the patients.

Ankloglosia was excited during coblation assisted dissection. We used Artrocare probe of coblation device designed for tonsillectomy surgery (Figure 2). Frenulectomy is performed in both tongue side and gingivobuccal side of the frenulum (Figure 3). The settings of coblator are 5 for coblation and 2 for coagulation. The ankyloglosia is dissected to the base of tongue using coblator probe. We left the, remain tissue to secondary wound healing without the using suture techniques. The patient is controlled in the postoperatively 3.day, 7.day, 1. Month and 3. Month. There was no complication and restenosis after surgery. Patient satisfaction is good after surgery.

Discussion
Ankyloglossia is a congenital disorder. There have been reported many classification systems about the disease in the literature [5]. Thick and short lingual frenulum, limited function of tongue and...
functional disorder of breast-feeding are considered of diagnosis
criteria. There is no conclusion about the issue [6]. Prolonged Nipple
pain is reported in mothers of ankyloglossia patients in literature [6].
This may lead to social problems as early cessation of breast-feeding.

Pathogenesis of the disease is not clear. Most commonly sporadic
cases in otherwise healthy children. Disease can be associated with
x-linked cleft palate, van der Voude syndrome and maternal cocaine
abuse [7-9]. Connection between mutation of TBX22 gene and
ankyloglossia is documented in literature [10].

Many surgical methods are described in the literature in the
surgical treatment of ankyloglossia. Frenectomy, frenuloplasty and
frenuloplasty is described as surgical methods [12,13]. Frenectomy
may be chosen in first 6 months of life. Frenuloplasty and
frenuloplasty can be chosen after 6 month of life time [11]. Cold surgical intervention has disadvantages of prolonged surgical time,
bleeding in surgery, risk of damage to lingual nerve and Wharton
duct.

Laser surgical intervention is well documented in literature. Different
type of lasers are described in ankyloglossia surgery [14-16]. Intraoperative use of laser surgery provides bloodless field of surgery.
These surgical method has disadvantages of delayed healing of tissues
due to high thermal energy, usage of expensive equipment [16].

Coblation surgery is a technology. Coblation surgery can be used in
Tonsillectomy, adenoidectomy, soft palate surgery, inferior turbinate
surgery in head and neck surgery [17]. Plasma molecules effects the
tissues at low temperatures (40-70 C). Hemostasis is ensured
during surgery with minimal damage to neighborhood tissues. This
advantage assures reduced risk formation of scar tissue. Teorically
this situation may lead to decrease in restenosis. Coblation is cheaper
than laser technology and can be applied in many centers with less
equipment.

There are many few investigations about the use of coblation in
ankyloglossia surgery in literature. We achieved good surgical results
in midterm without complication in our study. Further prospective
studies are needed about the issue to provide long term results.

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