The Overlooked Medical Story Behind Mason Motz

The Tongue-Tied 6-Year-Old Who Made Global Headlines

By **Timothy Hyland**

Dr. Amy Luedemann-Lazar

It is one of those rare dental stories that make national – indeed, global – headlines.

For all his young life, Mason Motz, a 6-year-old living in Katy, Texas, struggled with speech, so much so that his parents came to believe his difficulties were unavoidable due to Sotos syndrome, a childhood developmental disorder that afflicts Mason. Visits to countless specialists seemed to confirm their prognosis.

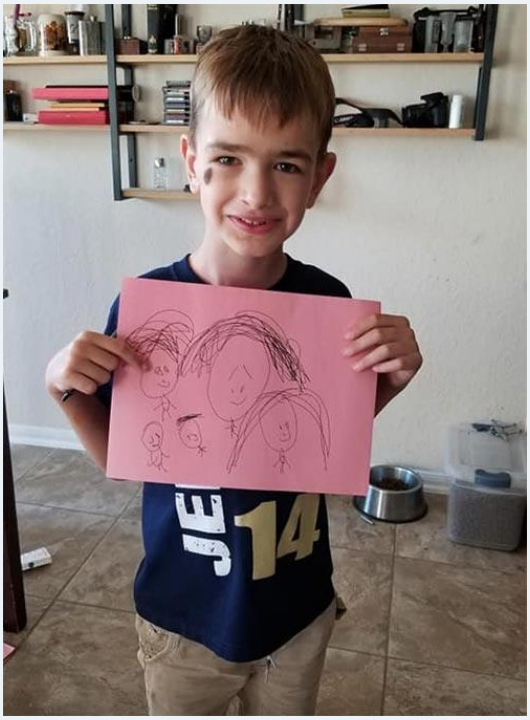
But then the Motz family visited Dr. Amy Luedemann-Lazar, of Kidstown Dental, a Katy-based pediatric dentist.

Dr. Luedemann-Lazar spent months developing a relationship with Mason, and when she was finally able to conduct a full dental examination, she made a stunning diagnosis: Mason's speech problems actually had nothing to do with Sotos.

Rather, the sweet little boy was simply "tongue-tied," the colloquial name for an actual medical condition called ankyloglossia. In cases of ankyloglossia, strong tissues bind the tongue to the floor of the mouth – quite literally "tying" the tongue down – not only making it difficult for patients to talk but also breathe and sleep properly, much less live a normal, happy life.

A Night-and-Day Difference

In Mason's case, Dr. Luedemann-Lazar's discovery was literally life-changing. With just one simple surgery, his tongue was untethered, and though he still suffers from the broader developmental impacts of Sotos syndrome, his mother says in many ways Mason is now a different child.



6-Year-Old Mason Motz
(Facebook Photo)

"It's like night and day," Meredith Motz told the *Daily Mail*. "He doesn't have choking episodes anymore; he's eating different types of food. He's behaving much better at school. His behavior was a problem, because he was getting poor quality of sleep at night, he was constantly tired and was not able to express himself. He doesn't snore anymore. He doesn't have sleep apnea anymore."

Mason's story made headlines around the world – in part because he had gone incorrectly diagnosed for so long. But as it turns out, the condition that afflicted him is hardly rare.

Numerous studies have been conducted on ankyloglossia, with incidence rates ranging anywhere from approximately four percent to ten percent of all newborns. The condition tends to be more common in boys than in girls, and there is some evidence that is hereditary.

Although there is debate about the direct link between ankyloglossia and any specific cause, there is common agreement that it can be problematic for individual patients in ways that are entirely unique to them.

As **Ari Kupietzky**, DMD, MSc, and **Eyal Botzer**, DMD noted in their comprehensive 2004 study of the condition, ankyloglossia often does pose challenges "beyond those of speech or feeding difficulties," up to and including "social embarrassment."

"Children may be teased by their peers for their anomaly," the authors wrote in *Pediatric Dentistry*. "Social issues include the inability to lick ice cream, play a musical wind instrument, and even kiss."

Frenectomy or Frenuloplasty?

Diagnosis at an early age, then, is preferable.

The **American Academy of Pediatric Dentistry** recommends that infants see their dentist within their first year, and a well-trained and observant dentist should be able to diagnose ankyloglossia with a basic physical examination – though Drs. Kupietzky and Botzer do warn that even well-trained, experienced dentists may be less adept at identifying dental issues at the time of infancy. Diagnoses for older children may be spurred by complications including speech development issues, but again, can only be identified by examination.

A key factor in any diagnosis, however, is the overall extent of impairment. Experts note that no two cases of ankyloglossia are the same, so clinicians are encouraged to complete a comprehensive examination as well as conduct thorough interviews with parents or caregivers to get a full understanding of the tongue-tie. Minor cases need to be treated differently than more severe ones.

Dr. Ari Kupietzky

"Surgical repair should be delayed until obtaining the appropriate assessments and diagnosis," Drs. Kupietzky and Botzer wrote.

Indeed, there is significant debate in the medical community about how, when, or even if ankyloglossia should be treated. Since the condition impacts patients in different ways, some doctors recommend a hands-off approach, allowing for the possibility that the impacts of the tongue-tie could lessen over time.

Others propose a more aggressive, surgical approach at the time of initial diagnosis – either the simple frenectomy, which can be completed without anesthesia, or the more comprehensive frenuloplasty, which may be necessary in cases where the frenulum is too thick for the basic frenectomy. The latter requires some degree of reconstruction.

Even taking into account the risks associated with any surgery – blood loss, infection, and excessive scarring, among others – Dr. Kupietzky and Botzer ultimately recommended the surgical approach.

The quick, relatively painless surgery comes with little risk, they wrote, and can "facilitate early treatment of [a] relatively common disturbance."

For children like Mason Motz, the surgery is a godsend.