may consume the nasopharynx and development of the craniofacial airway that occurs during childhood and extend through the posterior airway. Any abnormal development regarding this craniofacial complex may affect the nasopharyngeal airway.

Abnormal nasal growth that occurs during childhood may consume the nasopharynx and result in the development of choanae in the nose. Th is configuration of the nasopharyngeal airway changes in the 1930s by numerous leading orthodontists. These supporting clinicians reported airway obstruction as an important aetiological factor in malocclusion. Several authors have taken this position that adenoids are not consistently found to be associated with adenoids, mouth breathing, or a particular type of malocclusion, and that there is no cause and effect relationship between adenoids, nasal obstruction/mouth breathing and malocclusion.

Proponents of this position believe that the V-shaped palate was inherited and not acquired through mouth breathing. Hartsook (1946) on a review of literature related to mouth breathing concluded that mouth breathing is not a primary etiological factor in malocclusion. Additionally, Whitaker (1911) found that in a study of 800 children who underwent adenoidectomy or tonsillectomy, only 50% had dental abnormalities that needed orthodontic intervention.

There is some suggestion that adenoids and hypertrophy tonsils are a consequence of a thyroid hormone deficiency. This hormone deficiency acts as a catalyst for altering the organ’s defense mechanisms, which include hypertrophy of lymphoid tissue. Another orthodontic clinician, Fig. took the position that without documented tonsillectomy or adenoidectomy surgery or other treatment to improve nasal respiration is empirically and difficult to justify from an orthodontic point of view.

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2) Signs of allergic rhinitis should be noted, as well as histories of atopy.

3) Assessment of family history.

4) Sleep history should be evaluated: sleep apnea, loud snoring, open mouth posture while asleep.

5) Nasal Respiratory Evaluation

The relationship of airway obstruction and dental facial structures/malocclusion is still the subject of investigation and controversy amongst orthodontists. The correlation between functional problems and morphologic characteristics is yet to be solidified. Regardless of varied opinion in this area, practitioners should observe each patient carefully.

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