Adenoid Evaluation

The size of adenoids have been evaluated using different methods of assessment:

1) Determination of the roentgenographic adenopharyngeal ratio (a lateral cephalometric x-ray),
2) Flexible optic endoscopes (Fig. 11),
3) Acoustic rhinometry, and
4) Direct measurements during surgery.

Direct measurements are considered to be the most accurate because space can be assessed in three directions. A lateral cephalometric radiograph is an additional valuable diagnostic tool for the orthodontist in the evaluation of children with upper airway obstructions.14 (Fig. 12).

Treatment of Nasal Obstruction

The evaluation of nasal airway patency is complicated, especially when the possibility exists that airways may clinically appear inadequate but be quite functional physiologically. Lip separation or an open-mouth habit is not an infallible indicator of mouth breathing. Often complete nasal respiration is coupled with dental conditions that cause open-mouth posture.15

Adenoidectomy

The effect of adenoids on facial expression, malocclusion and mode of breathing has been a topic of debate and investigation by practitioners in the field for the last one hundred years. A review of the literature exposes several theories.

A healthcare provider with a practice philosophy based on prevention of malocclusion development cannot ignore the early years of the patient’s growth cycle. By age twelve, 90 percent of craniofacial growth has already occurred. This is the age when many practitioners begin orthodontic treatment.2

Conclusion

The effect of adenoids on facial expression, malocclusion and mode of breathing has been a topic of debate and investigation by practitioners in the field for the last one hundred years. A review of the literature exposes several theories.

A healthcare provider with a practice philosophy based on prevention of malocclusion development cannot ignore the early months of the patient’s growth cycle. By age twelve, 90 percent of craniofacial growth has already occurred. This is the age when many practitioners begin orthodontic treatment.2

References