

When breathing causes problems

How breathing wrongly can cause both facial and dental deformities in children

Breathing is something we do without any thought. But get it wrong by breathing mostly through your mouth rather than your nose and the consequences can be far reaching affecting the development of both your face and your teeth.

Even the majority of health care professionals are unaware of the negative impact mouth breathing can have on facial and dental growth and physiological health.

Children whose mouth breathing is untreated may develop long faces, narrow mouths, high palatal vaults (roof of mouth), dental deformities and many other unattractive facial features.

These children may not sleep well at night due to obstructed airways and this lack of quality sleep, rather than quantity, can adversely affect their growth and academic performance.

Mouth breathing is almost always related to respiratory disorders in the upper respiratory tract, such as allergic rhinitis. In addition, it is usually the first and less severe symptom of three clinical syndromes of upper respiratory disorder. The other two, in order of increasing severity, are snoring and sleep apnea syndrome.

In the past, a number of studies have been conducted on children with allergies looking at the impact nasal airway obstruction and mouth breathing has on dento-facial development. The results have shown that the way someone breathes can affect facial height and jaw development as well as dental alignment.

Children who make a habit of mouth breathing are more likely to have longer faces with narrower maxillae – the so-called “moustache bone” under the nose that holds the top teeth - and retrusive jaws, where the lower jaw is too far back, compared to children who breathe normally through their noses.

It is important that pediatric dentists as well as general dentists are aware of the problems connected with mouth breathing in children as any delay in diagnosis and treatment may cause long term problems. They also have a role in the diagnosis and co-management of these patients because the signs and symptoms can be spotted during routine dental checkups.

If mouth breathing is treated early, its negative effect on facial and dental development and the medical and social problems associated with it can be reduced and even avoided.

For many years, dentists and orthodontists have used various types of appliances to correct the problem, such as functional appliances or rapid maxillary expanders – which expand the upper jaw. All these methods attain a certain degree of success.

However, recently some dentists have begun using a pre-fabricated type of habit correction appliance to help children with mouth breathing problems. The results have demonstrated these pre-orthodontic appliances induce dento-alveolar changes - changes to the structure of the jaw and mouth bones - that significantly reduce the chance of developing protruding upper front teeth.

The main advantage of this new method is that the material of the initial appliances is very soft and easily adapted to suit child patients.



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