

## **Mouth hangs open or Mouth Breather.**

This is probably the most important single factor. Open mouth postures will cause the face to grow down to an extent that a child may have difficulty in closing their lips at all. Once this has happened, it can be very difficult to correct other than by surgery. At Greenlane Dental we use myobrases to help your child to correct this habit in conjunction with very specific trainer activities to overcome this issue. Try to persuade your child to keep their mouth closed and breathe through their nose from a young age.

## **Incorrect Swallowing or Tongue Thrust patterns.**

Malfunction of soft tissues around teeth such as incorrect tongue position and incorrect swallowing patterns will affect proper development of the jaws and face. This will cause crowding of the teeth and an abnormal facial profile. The need to establish a normal swallowing pattern and tongue position is very important and this can be achieved with myobrases / fixed appliances and training exercises.

## **Sucking Habits.**

Strange sucking habits, or swallowing with the tongue showing, can distort the teeth and jaws, and may create a speech impediment. The lips, the cheeks, the tongue, and the other teeth guide each tooth into position. Any faults in these will be reflected by irregularity of the teeth and by abnormal facial growth. Sucking thumbs or pacifiers too frequently or too long adds an unnatural guide that misdirects growth and tooth position. It also strengthens muscles abnormally that influence jaw shape and future crowding.

## **Crowding.**

At the age of five there should be spaces between the front teeth. The permanent teeth, which should arrive about the age of six, are a lot larger, and if there is no space they will crowd. If the lower front teeth are crowded at six years of age do not accept a 'wait and see approach'. We do not advise taking out primary canines to uncrowd the front teeth, as it guarantees a smaller dental arch and eventual extraction of permanent teeth. It is easier to prevent crowding by creating space than to correct it afterwards. At the very least your child will need to improve their mouth posture.

## **Unattractive Eyes.**

If the top jaw grows down, the eyes look prominent and the outer corner of the eyelids will sag making them look tired with too much white-of-eye showing. The lower eyelid will develop a ridge rather than slope smoothly into the cheek. Speech. The tongue should be in the palate for most sounds and if it protrudes sideways or forwards between the teeth, they are likely to become displaced. A lisp usually indicates that the tongue is between the teeth. The lips should come into contact between most syllables. Ask your child to count to five and see how far apart their lips are after the 'five'. If it is more than 3mm there is a mild problem if more than 7mm a severe problem.

## **Where should the teeth be?**

The correct position of the upper front teeth can be measured from the forward-most point of the nose to the edge of the upper front teeth. Ideally it should be 28mm at the age of five and increase one mm each year until puberty, when it should be 36mm for a girl and 38mm for a boy. If it is more than 5mm over this, there will be some irregularity of the teeth and abnormally directed facial



# Early Signs & Causes of Abnormal Facial Growth

growth. If more than 8mm over, the child need immediate orthodontic evaluation as the child is developing, or already has, a severe malocclusion.

## **Tonsils and adenoids**

This can make it difficult for a child to breathe through their nose. Their removal will occasionally result in a dramatic spontaneous improvement in nose breathing, facial appearance, and self-confidence. Often, mouth breathing is present as a habit even after the airway is open. With the use of Myobrases and training exercises mouth breathing issues will be replaced with nasal breathing. Unless the child learns to keep their mouth closed and breathe through their nose, treatment will take longer, the problem will tend to return afterwards. Occasionally, a simple appliance to widen the upper jaw will have the same effect as removing tonsils.