

Cephalometric assessment of the mandibular growth pattern in mouth-breathing children.

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OBJECTIVE: At the present time, it is generally accepted that chronic mouth breathing influences craniofacial growth and development. The objective of this study was to determine the position of the jaw, its growth direction and morphology, and the facial proportions of children with two different etiological factors of mouth breathing, at different age groups. **MATERIALS AND METHODS:** Four groups of mouth breathing children were analyzed by cephalometry. Two groups, ages ranging from 3 to 6 and 7 to 10 years, with respiratory obstruction due to isolated adenoid hypertrophy (AH), and two groups, ages ranging from 3 to 6 and 7 to 10 years, due to adenotonsillar hypertrophy (ATH). **RESULTS:** No significant differences were observed between mouth breathing children caused either by AH or by ATH in any of the age groups. Only the linear Ar-Go measurement was significantly larger in children with ATH with 7 years or more. **CONCLUSIONS:** The results suggest that the influence of mouth breathing on mandibular growth is poorly related to the etiological factors analyzed. The single difference observed was the lower posterior facial height in children of 7 years of age or more, which was higher in those with ATH than in those with AH.

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