

[An Otorrinolaringol Ibero Am.](#) 2004;31(3):265-82. [Links](#)

[Respiratory orofacial and occlusion disorders associated with adenotonsillar hypertrophy]

[Article in Spanish]

González Rivera SR, Coromina Isern J, Gay Escoda C.

Facultad de Odontología, Universidad de Barcelona.

AIM: Describe the effects of tonsil hyperplasia on the respiratory system, orofacial structures and the occlusion in children who present with it, showing the recognizable signs and symptoms for the dentist, the pediatrician and the otorhinolaryngologist to carry out an early diagnosis and proper treatment. **MATERIAL AND METHOD:** A bibliographical review of the topic has been performed by means of search in Medline, using as key words "tonsil hypertrophy" or "tonsil hyperplasia" and limiting the search to the last 10 years, studies in human beings and articles in English language whenever these included an abstract. **RESULTS:** The tonsil hyperplasia is the most frequent cause of the obstructive sleep apnea syndrome (OSAS) and snoring in children. These patients often present swallowing and speech problems, oral breathing, "adenoidal face", elongated and narrow face, small and triangular chin, mandibular retrognathia, highly-arched palate, decrease of the intermolar distance and protrusion of superior incisor teeth, with several types of dental malocclusion. **CONCLUSIONS:** It is very important to bear in mind that a multidisciplinary approach, specially amongst otorhinolaryngologists, pediatricians and dentists, is necessary for the diagnosis and treatment of a patient with adenotonsillar hyperplasia.

PMID: 15259849 [PubMed - indexed for MEDLINE]