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[Tongue function in the rehabilitation of speech disorders, faulty breathing habits and deglutition disorders]

[Article in Dutch]

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The tongue is as an organ of speech and articulation not as indispensable as the soft palate. The recovery of speech after extirpation of the tongue is usually satisfactory, and the intelligibility of patients with microglossia compares favourably with the speech of an untreated cleft palate patient. Hypernasality and nasal escape of air are typical also for the congenital short palate (in the absence of a cleft); syndromes with a congenital short palate are often misdiagnosed as suprabulbar paralysis. The function and involuntary usage of the tongue e.g. in swallowing, influence the growth and development of the surrounding bony structures and the teeth. A frontal open bite due to the tongue thrust habit is a popular example. A case is made for the notion that the mouth-breathing habit has grave consequences such as nasal obstruction, adenoids and glue ears. Mouth breathing should not be looked upon as a trivial accessory phenomenon, but as a behaviour that needs systematic reeducation treatment. Rehabilitative procedures are pointed out for patients with respiratory problems due to two-sided laryngeal nerve paralysis and patients with swallowing problems after partial extirpation of the base of the tongue.

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