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Influence of respiratory pattern on craniofacial growth.

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The purpose of this paper has been to explore the relationship between upper airway obstruction and craniofacial growth. A review of the literature and of a preliminary study by the author in collaboration with investigators at the Children's Hospital of Pittsburgh indicate both the spectrum of skeletal and dental configurations which are associated with upper airway obstruction and the significant changes in patterns of facial growth which are observed following removal of the obstruction. Four clinical cases were presented. While admittedly only case reports, these do illustrate the potential interaction between alterations in respiratory function and craniofacial growth pattern. The four clinical cases are representative of one type of facial problem which has been classically associated with the mouth-breathing individual; that is a steep mandibular plane. We fully recognize that there are many other manifestations of the environmental problem of upper respiratory obstruction. However, these cases do illustrate the relationship between function and form (i.e. obstruction and deviant facial growth). In order for this relationship to be more fully documented, data from controlled randomized clinical trials must be analyzed.

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