



Early signs and causes of abnormal facial growth

- **Mouth hangs open.** 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. *Try to persuade your child to keep their mouth closed, and breathe through their nose from a young age.*
- **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.
- **Weak Chin.** Look at your child sideways and see if you like the position of the chin. It is likely to be set back if their mouth is open a lot and they may even have a double chin.
- **Excessive Gums.** The ideal smile does not show a lot of gums. If a young child shows a lot of gum, their face is growing downwards.
- **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 up 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 five millimeters over this, there will be some irregularity of the teeth and abnormally directed facial growth. If more than eight millimeters over, the child need immediate orthodontic evaluation as the child is developing, or already has, a severe malocclusion.
- **Tonsils and adenoids** can make it difficult for a child to breath 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. Every effort should be taken to encourage nose breathing. Have your child hold something between the lips for long periods when doing home work or watching TV to encourage nasal breathing. Unless the child learns to keep their mouth closed and breathe through their nose, treatment will take longer and the problem will tend to return afterwards. Occasionally, a simple appliance to widen the upper jaw will have the same effect as removing tonsils.