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Interactions between mouth breathing, temporomandibular disorders & obstructive sleep apnea

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Abstract

Normal respiration is mainly nasal breathing. Mouth breathing can arise, however, in the setting of nasal obstruction, for example, from hypertrophy of the turbinates, deviated septum, seasonal allergies, chronic rhinitis, or enlarged tonsils and adenoids. Mouth breathing leads to altered muscle recruitment in the nasal and oral cavities. This can impact craniofacial growth which lead to anterior open bite and posterior crossbite in addition to tooth crowding and associated with sleep bruxism which can include abnormal tooth wear, dental pain, temporomandibular disorders, and headaches. Patients with SB reported a 2–3 times higher prevalence of obstructive sleep apnea. Recently, RMMA episodes were associated with an increase in respiration amplitude. It was hypothesized that RMMA may serve to re- establish upper airway patency, which was decreased during an obstructive apnea or hypopnea, by repositioning the retruded mandible and re- establishing muscle tone in the tongue during swallowing.

Biography

Naser Azmi Khayat Orthodontist and TMD Specialist. Lecturer in the Arab American University in Palestine. Department of Orthodontics. B.Sc. in dentistry in 1998, M.Sc. in orthodontics in 2000, TMD, orofacial pain and Dental Sleep Medicine Certification in 2014. Founder and Chairman of the" Palestinian Academy for Orofacial Pain & Dental Sleep Medicine" since February 2018. Chairman of the" Arab Academy of Orofacial Pain & Dysfunction" since September 2019.

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