

**ANTHROPOMETRIC PARAMETERS OF THE HEAD AND MAXILLOFACIAL
REGION IN CHILDREN WITH ADENOIDS**

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ABSTRACT

This paper makes analyses on the different aspects of the Anthropometric parameters of the head and maxillofacial region in children with adenoids. On this case, research has been investigated from theoretical and practical points as the whole. It concludes with different research has pointed out outcomes and shortcomings of the Anthropometric parameters of the head and maxillofacial region in children with adenoids

Keywords: Anthropometric, parameters, head, maxillofacial region, children, adenoids

INTRODUCTION

The overall attractiveness of the face depends on all the anatomical elements, including the skin, subcutaneous tissue, muscles, bones and teeth(International, 2011; Kalpakjian & Schmid, 2014; Pardayev, Ethics, & 2015, n.d.). To achieve or approach the aesthetic ideal, doctors should have a clear idea of the proportions of facial features, the methodology for analyzing its defects, and the possibility of using special techniques to eliminate them(Dilogini& Shivany, 2015).

The etiological factors contributing to the development of dentoalveolar anomalies are numerous and diverse. Studying various ethnic, age and sexual groups, and measuring the size of various parts and recording variations in the position and shape of cranial and facial structures, broad standards have been developed that describe the human head. As a specialized part of anthropometry, "human measurements", the study of the head came to be called "craniometry" or "cephalometry"(Rasanayagam, 2010).

MAIN PART

However, among scientists so far there is no consensus on the criteria for the severity of nasal obstruction, causing changes in the maxillofacial region, the development mechanisms and characteristic signs of malocclusion in case of nasal breathing(Singer, of, & 1990, n.d.).

Due to breathing through the mouth, the tongue is down and the balance between the tongue and the lower jaw is different compared to healthy children. This leads to the lower location of the lower jaw. In this situation, a number of changes in posture may occur, such as the open position of the lower jaw and the expansion of the head. A prolonged absence of nasal breathing in a child is accompanied by a violation of the interaction of the muscles of the tongue, cheeks and lips(Santasombat, 2018).

RESULTS

One of the factors contributing to these disorders is hyperplasia of the nasopharyngeal tonsil, which blocks the posterior sections of the nose and nasopharynx, and makes nasal breathing difficult.

CONCLUSION

Its long absence affects the development of the dentition in children, causing the formation of occlusion anomalies in the form of lengthening of the lower third of the face, violation of closing of the lips, labial displacement of the maxillary incisors, V-shaped narrowing of the maxillary dental arch(Thomas, Thanopoulos, Knüpfper, & Bebeli, 2013).

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