

Early Treatment of Anterior Open Bite among Children

The etiology of anterior open bite can be caused by multiple factors such as anterior tongue thrusting habit, finger sucking habit, mouth breathing, compromised nasal airway, TMJ deformities and other related factors.

If a child with an open bite is suspected to have nasal airway problems,¹consultation with the family physician or other medical specialist are recommended to check the nature of nasal airway blockage.

If an open bite patient is caused by anterior tongue thrusting habit and/or finger sucking habit, a habit appliance can be helpful.

If an open bite patient is a minor with mouth breathing and compromised nasal airway problem, he/she usually appears to have a narrow upper arch and RME (Rapid Maxilla Expansion) can be a choice of dental treatment because it can expand not only the upper arch but also the nasal floor especially the inferior and anterior passage). Chin cup may also be used as an adjunctive to RME to encourage normal nasal breathing.

Once the patient's bite is closed, it is imperative to wear a retainer with a tongue crib for a long time in order to maintain the bite relation.

¹ Weimert and Gottlieb. Airway Obstruction in Orthodontic Practice. Journal of Clinical Orthodontics, Feb 1986