

# TONGUE THRUSTING HABITS IN ADULTS

## A CASE REPORT

*Presented by:*

Lt. Dr. K.G. Bhujju

Birendra Hospital

Chhauni, Ktm.

### INTRODUCTION

Tongue Thrusting is the abnormal habit of placing the tongue between the teeth or making contact with the teeth anterior to the molars before and during the act of swallowing. During the normal swallowing the mid tongue should be placed on the roof of the mouth not contacting the anterior teeth. Such action pushes the teeth apart and out. Swallowing occurs 24 hours a day and about 2000 times per day. During each swallow the tongue can exert momentary pressure of 1 to 6 pounds on the surrounding structures of the mouth. This pressure will pull the teeth and bone forward or apart gradually leading aesthetic problem. Tongue thrusting is natural for the infant, mostly seen as abnormal habit in children and also frequently in the adults where without knowing the problem's simplicity, patient suffered from the great esthetic problem.

Most common causes of tongue thrusting are habitual and maturational. Habituation causes are: Improper bottle feeding, prolonged, thumb sucking, persistent infection of tonsil and upper respiratory tract. It also presents as part of normal infantile behavior that should be gradually modified as the age advances. The infantile swallow changes to the mature normal swallow once the posterior deciduous teeth start erupting. Sometimes the maturation is delayed and thus infantile swallow persists for a longer duration of life.

The main clinical features is concerned with aesthetic of patient as bimaxillary protrusion,

proclination of anterior teeth resulting in spacing of anterior teeth, anterior open bite and incomplete lip seal.

Management of habit is done in two phases. Interception of habit even in adult by habit breakers i.e. fixed or removable palatal cribs or rakes, various muscle exercises of the tongue to reach the new correct swallowing method. And fixed or removable orthodontic treatment after intercepting the habit.

This paper mainly deals with tongue thrusting habit, its interception and treatment in adults.

### CASE REPORT:

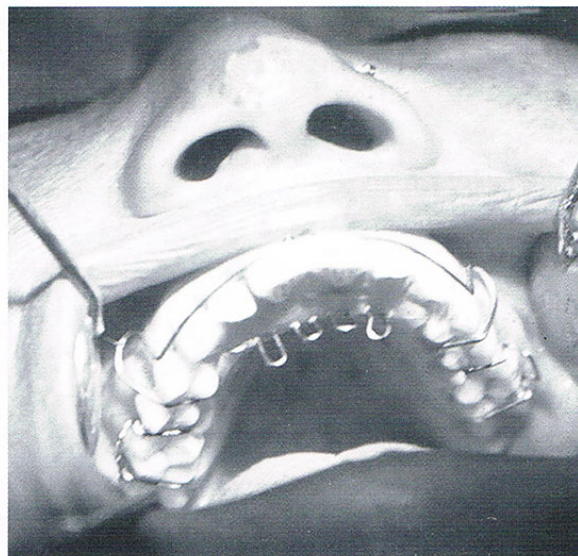
A 30 year female came to the clinic with the complaint of proclination and spacing of anterior teeth which is noticeably increasing for last few years. There are no any hereditary bimaxillary protrusion cases. Patient is very much concerned with aesthetics. Patient is examined intra and extra orally, checked for swallowing habit, the tongue thrusting habit was detected and no other abnormality except spacing and proclination of upper anterior teeth. There is no any sign of tonsillar and URT infection also.

Radiographic examination of upper and lower anteriors shows slight horizontal bone loss with sound or normal periodontium.

The patient main concerned is spacing and proclination of upper anterior.



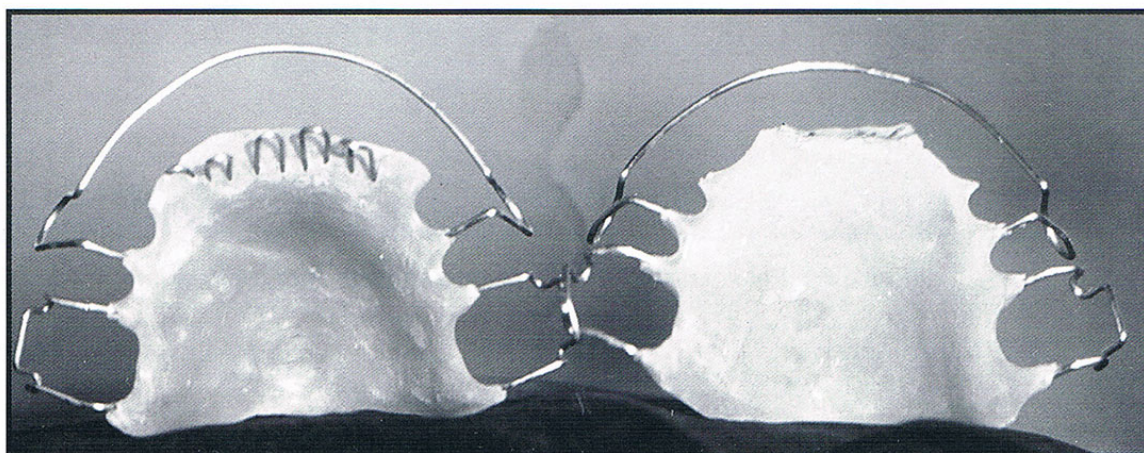
**Figure 1.** Showing Tongue Thrusting Habit arrow shows the tongue.



**Figure 2.1** Shows the patient wearing removable palatal crib.

## TREATMENT

The patient is taught for normal swallowing with various muscular exercises of tongue and lips. Patient was recalled after 1 week but patient could not perform normal Swallowing.



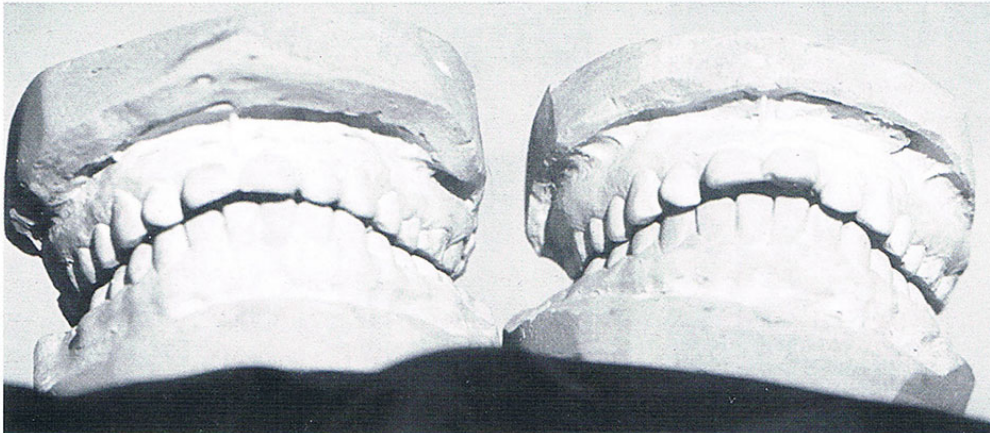
**Figure 2 B, a.** Removable palatal crib, **b.** Removable Hawley's appliance.

Then the decision was made to provide interceptive treatment . A palatal crib was made with long labial bow and Adam's clasps on the first molar and advised to wear 24 hourly except during meals and patient recalled after 3 weeks. Checked for the habit. Patient started normal swallowing Then shifted to removable orthodontic treatment. A Hawley's

appliance with long labial bow was made. Patient is advised to wear it 24 hourly except during meals and the appliance was activated once in every two weeks. The patient is satisfied with the treatment as closure of spacing and retrogradation of anterior proclination is in progress.

## RESULTS:

Clinical and Model evaluation after 1 month of interceptive and 2 months of removable orthodontic treatment showed drastic change and patient is satisfied with treatment which is in progress.



*Figure 3A Patient model anterior view, initial and after two months of treatment.*



*Figure 3A Patient model anterior view, initial and after two month of treatment.*

## DISCUSSION:

The purpose of this article was to evaluate the result of this case on adult who couldn't establish the normal swallowing pattern even after teaching it different muscular activity and the effect of removable habit breaking appliances in adult.

## SUMMARY:

This case study reveals that

- Infantile natural habit becomes the problem in adult and should be modified as age advances.
- Even in the adults, habit breaking appliances are useful if they don't cope with educating and teaching the natural habit.
- Removable orthodontic appliance i.e. Hawley's appliance with long labial bow is useful in correcting anterior proclination and spacing.