Nasal Issues that We Can't See but a Doctor Can

The Swallowing Series for Therapists, Parents and Clients
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If you have tried for weeks to encourage a child to breathe through their nose, but to no avail, there may be other, less visible causes. There may be partial or full nasal obstruction.

I don't want to ask a child to do something they cannot physically do. And do keep in mind, if there is complete nasal obstruction you'll hear it in their hypo-nasal speech. They'll chronically sound like they have a "cold in their nose." Following are things that may cause or impact the nose to be blocked.

Swollen Turbinates

Turbinates are folds of cartilage in the nose. There are three turbinates on each side. The turbinates are covered with mucosa and little hairs, called cilia. The cilia help to keep the nasal passages clean.

Severe and chronic allergies, sinusitis, frequent colds, and other airborne irritants such as smoke, can cause the mucosa on the turbinates to become inflamed and swollen. This reduces the space within the nasal cavities for breathing.

Seasonal allergies can initiate a mouth-breathing habit. In the Spring or Fall when allergies are at their height the individual may establish a mouth breathing pattern. Then, as non-allergy seasons roll around, they may maintains mouth breathing simply because it's habitual and it works. Recommendation: Get the nose/turbinates checked and treat the allergies, sinusitis, etc.

Obstructive Adenoids

Adenoids are "tonsils" (lymphoid tissue) located within the back of the nasal cavity. The naso-pharynx and adenoids are not visible. Adenoids are clumps of tissue that reach maximum size between the ages of 7 to 10 years of age and remain at full size until around 13 years of age. Then they are supposed to begin to shrink (involute); but they don't always do that. I've seen adults with huge tonsils. The possibility of adenoid/naso-pharyngeal space inequity must be diagnosed by a physician.

Sometimes, the size of the adenoids reflects the size of the tonsils in the pharynx, the ones we can see. If the tonsils are large, chances are the adenoids are too. They're considered to be obstructive when their size is too large and they restrict the functional space within the nasopharynx.

A Deviated Nasal Septum

The nasal septum is comprised of cartilage and bone, elongates down the center of the nose, and separates the left side from the right side. The septum is lined with a thin layer of mucosa and acts as a layer of skin for the inside of the nose. It helps to keep the inside of the nose moist.

Sometimes the septum deviates to one side as the nose and the face grow. The deviation can potentially occlude one or both nostrils. It's estimated that much of the population has a deviated septum that skews to the left. Once again, an evaluation and treatment would need to be performed by a physician.

A Pinched Alar Base or Small, Narrow Nose

The alar base of the nose plays a role in the appearance and proportion, and thus, the function of the nose. The alar base is the side of each side of the nose, near the nostrils that connects to the face. When a person has a flared alar based, they're said to have a wide nose. When a person has a narrow alar base, it's said to be pinched. When the alar base is narrow it can constrict and influence air passage. When the size of the nose is narrow or collapsed, it impacts nasal patency (a clear breathing space).

A small, narrow-appearing nose may either be a result of genetics, or a result of little-to-no consistent, through-the-years nasal airflow. Air that consistently flows through the nasal cavity helps to maintain its expansion and openness.

The nasal obstruction may be beyond our scope as myofunctional therapists, or parents. The child may warrant an examination and diagnosis by someone in the medical community, such as an ENT, or pediatrician, etc. Be prudent in making referrals and be assured as to the necessity of the recommendation.