



## The Twin Doctors of Head and Neck

### Praveena Raman\*

Department of Oral Medicine and Radiology, Asan Memorial Dental College and Hospital, Chengalpattu, Tamil Nadu, Affiliated to The Tamil Nadu Dr. MGR Medical University, India

**\*Corresponding Author:** Praveena Raman, Department of Oral Medicine and Radiology, Asan Memorial Dental College and Hospital, Chengalpattu, Tamil Nadu, Affiliated to The Tamil Nadu Dr. MGR Medical University, India.

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'One finger cannot lift a pebble'- Hopi Proverb

I take this editorial opportunity to provide an insight to explore synergies between Dentistry and Otolaryngology to bridge the gap by understanding the grey areas, expanding our knowledge and strengthening our collaborations.

In the advancing era, a Dental surgeon does not mean treating tooth alone; the specialty deals with the entire maxillofacial region and hence its necessary for mutual agreement that a dental surgeon and an ENT specialist need to collaborate for a win-win situation to improve the quality of life of patients.

Maxillofacial diagnosis requiring an ENT assessment includes congenital malformations, syndromes, maxillofacial trauma, obstructive sleep apnoea, odontogenic sinusitis, fractures of the paranasal sinuses, silent sinus syndrome, blow out fractures, Le-Fort fractures, paranasal sinusitis, tumours of the salivary glands (benign and malignant), sialadenitis, differential diagnosis of the neck masses, infectious diseases of the oral cavity and pharynx (peritonsillar abscess), pathology of waldeyer's ring, precancerous disorders in the oral cavity, pharynx, larynx and oesophagus, malignant tumours in the oral cavity and pharynx (nasopharyngeal tumours), lymphadenitis of the neck, benign tumours of the neck, dysphagia, idiopathic facial nerve palsy, Bell-palsy and many more.

Similarly, Adenotonsillar hypertrophy (ATH) is one of the commonest ENT conditions affecting paediatrics, causing craniofacial changes such as growth retardation of maxilla, mandibular retrusion, dolichocephalic face, crossbite, as well as myofunctional changes such as swallowing, chewing and speech disorders. Mouth

breathing due to ATH can increase the severity of malocclusion and has been shown to cause "Adenoid face" due to dentofacial changes such as V-shaped narrowing of the maxillary arch, lowering of the tongue and opening of the lips, retrognathic mandible, anterior open bite, anterior and posterior crossbite, increased overjet, displacement of the contact points and increase risk of dry mouth, tooth decay and gingivitis. ENT specialists may help in early diagnosis of orthodontic problems and other oral and dental health problems in children with mouth breathing due to ATH as malocclusions may affect individual's quality of life and self-esteem.

With a self-reflecting attitude, we should be open minded in learning and collaborating with our fellow colleagues to expand the connections with our sister specialties which can be initiated by a basic level dental examination training by an ENT specialist and vice versa. Joining hands and working towards the progress of our specialty improves the visibility of our specialty, creates a ray of hope for further research activities and can also serve the community at large.