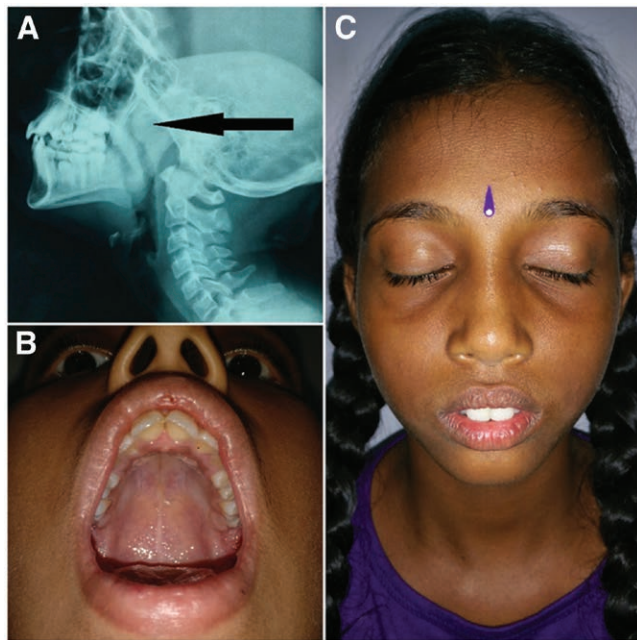


## Adenoid Facies

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A 13-YR-OLD girl came for orthodontic correction of the facial features during general anesthesia with nasal intubation. Preanesthetic evaluation revealed a 9-month history of nasal obstruction, snoring, and typical adenoid facies. Nasopharyngeal x-ray was significant for adenoid hypertrophy (Panel A, *arrow*). Adenoid facies<sup>1</sup> is defined as the open-mouthed appearance in children, associated with a narrow nose, shortened upper lip (Panel B), narrow palate, high palatal vault, and dental crowding (Panel C).

Identification of these adenoid features is prudent as hypertrophic adenoids not only cause mechanical obstruction but also increase the risk of complications of nasal intubation like bleeding, traumatic avulsion of adenoids,<sup>2</sup> and aspiration.<sup>3</sup> This is even more important in children undergoing dental procedures as nasal intubation is commonly employed. A thorough preoperative assessment with radiographs of the skull in lateral view along with endoscopic evaluation may be of assistance, and nasal intubation guided by flexible fiberoptic may be considered.

### Competing Interests

The authors declare no competing interests.

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Charles D. Collard, M.D., served as Handling Editor for this article.

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