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Pharyngeal airway anatomy in Dentistry

The relationship between the pharyngeal airway and craniofacial morphology has been a topic of interest to researchers since the 19th century (1). Respiration is a vitally important functional process that has implications for normal craniofacial development (2). Due to the neighborhood relationship between the pharyngeal and dentofacial structures, a mutual interaction between them is an expected result (3).

Pharynx is a tubular structure with a length of about 12-14 cm consisting of muscles and membranes. It extends from the cranial base to the sixth cervical vertebra and the lower border of the cricoid cartilage. Pharynx when viewed from the sagittal plane; It consists of 3 regions: the nasopharynx, which is defined as the region between the nasal turbinates and the hard palate, the oropharynx, which is the region from the level of the hard palate to the caudal edge of the soft palate, and the hypopharynx, which is defined as the region from the base of the tongue to the larynx (4,5).

The upper airway is essential among orthodontists, as the oropharyngeal and nasopharyngeal structures play an important role in the growth and development of the craniofacial complex (6). The primary craniofacial bone structures that determine the size of the airway are the mandible and the hyoid bone. In addition, it is reported that the forward development of the maxilla positively affects the upper airway. The bone structure is effective in the size of the airway as they are the supporting structures to which the muscles and soft tissues are attached (7,8). Therefore, good knowledge of pharyngeal anatomy is important in dentistry, especially in orthodontic diagnosis and treatment.

Recent Publications

1. Meyer W. On adenoid vegetations in the naso-pharyngeal cavity: their pathology, diagnosis, and treatment. *Medico-Chirurgical Transactions*. 1870; 53: 191.
2. Aboudara C, Nielsen I, Huang JC, Maki K, Miller AJ, Hatcher D. Comparison of airway space with conventional lateral head films and 3-dimensional reconstruction from cone-beam computed tomography. *American Journal of Orthodontics Dentofacial Orthopedics*. 2009; 135(4): 468-79.
3. Unuvar Ay Y, Karadede MI, Yildiz I. Evaluation of Pharyngeal Airway Volume in Individuals with Different Skeletal Patterns. *Meandros Med Dent J* 2021;22:7-17

Biography

Mehmet İrfan Karadede DDS PhD of Orthodontics, PhD of Histology and Embriology; Dentist at Dicle University in 1986, Doctor of Orthodontics (PhD) in 1992, Assistant Professor in 1993, Associate Professor in 1996, Doctor of Histology and Embryology Science (PhD) in 2004, Professor in 2009. Dr. Dr. Karadede; Animal Experiments, Histological studies, Development and Growth, Orthodontic Tooth Movement, TMJ, Occlusion, Cephalometry, Cleft Lip and Palate, Orthognathic (maxillofacial orthopedics) treatments, CT / CBCT, Stereophotogrammetry, Forensic Dentistry and He has a scientific focus on genetics. He has many postgraduate thesis advisors, national projects, editorship and chapter authorship in international and national books, and many works published in international and national scientific journals and congress papers. He has refereed international and national journals and national projects in different fields and has many international and national citations to his articles.

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