

## Baby &amp; Child

# Hypernasality: Get rid of this speech problem

Talking through the nose? Therapy and surgery can fix the problem, **Elaine Young** discovers.

For more than a decade, Gilbert's mother thought there was something odd about the way he talked. Beauty consultant Lina Tay, 38, took Gilbert, now 12, to general practitioners, polyclinics and traditional Chinese medicine practitioners but all said there was nothing to worry about.

But he did poorly in his oral tests and would be bullied by classmates for talking through his nose. He could not say his vowels properly, and had difficulty getting people to understand him when the words began with "s" or "b" or "k".

Then Mrs Tay took him to an ear, nose and throat (ENT) specialist who operated on his hypernasal speech problem. That was just three months ago.

Now he pronounces his words more clearly but still needs speech therapy. Dr Lynne Lim, consultant with the department of otolaryngology (head and neck surgery) at National University Hospital, says that hypernasality is under-diagnosed. Not only are there no Singapore figures, but there are none internationally.

Why do people speak like that?

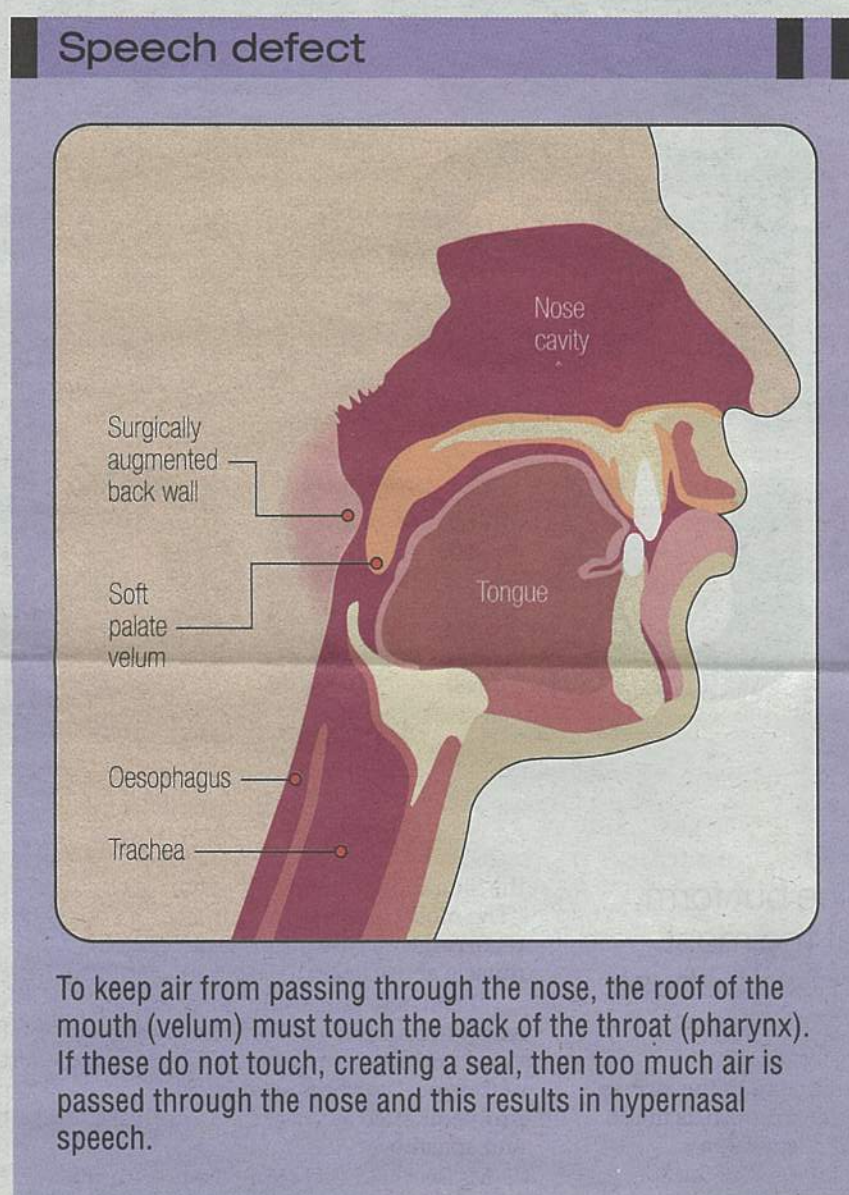
To keep air from passing through the nose, the roof of the mouth (velum) must touch the back of the throat (pharynx).

If these parts do not touch to create a seal, then too much air is passed through the nose, resulting in hypernasal speech. This is known as velopharyngeal incompetence or VPI.

Dr Lim did a two-and-a-half-year fellowship at Cincinnati Children's Hospital Medical Centre to sub-specialise in ENT for children in 2001. The centre made an effort to pick out children with this condition which is easily corrected.

She has done 12 surgeries in the last year to correct the velopharynx area at the back of the throat.

So who is likely to suffer from this speech problem? Usually the focus was only on children with cleft palates — a birth defect in which the roof of the mouth (palate) has an abnormal opening (cleft) —



before or after surgery.

However, Dr Lim says many children or adults with poor muscle tone, craniofacial disproportions and short, scarred or undetected hard palate defects also have VPI.

Detecting this is not easy. A small flexible scope has to be passed through the nose to video the velopharynx area to identify the level, side and site of the weakness.

Dr Lim says this is done with a speech therapist who will get the child to say certain sentences or words to test the speech.

"If the speech therapy fails, then they need some help in the form of surgery. It's a bit like plastic surgery in that you have to tailor it to each child," said Dr Lim.

The surgery is done out through the open mouth under general anaesthesia and lasts around an hour. There are no external cuts and

speech therapy is needed afterwards.

Gilbert was operated on after six months of speech therapy failed to improve his speech. Now he is about to go back for his post-op therapy. Mrs Tay says he is a changed boy: "He is talkative and very kaypoh (busybody) now."

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## Spotting other speech difficulties

Dr Goh Yau Hong, consultant ear, nose and throat surgeon at Mount Elizabeth Medical Centre, says that, aside from hypernasal speech, there are other speech problems that parents should be aware of: "Delayed speech is quite perplexing for parents because half the time you are wondering if the child is normal or not."

"It's not a case of not being able to pronounce words, but rather a case of not speaking at all."

"We know that by age one, a child should be able to call things like papa, mama and, by 18 months, should be able to say a few words."

"Usually by about age two, infants should speak reasonably well, but some children cannot speak well up to three years."

"The first thing we need to do for a child with delayed speech is check his hearing, because if the child doesn't hear, the child doesn't speak."

"If a child develops other motor skills — hand-eye coordination, walking, and so on — then he has a speech problem and not an oral-motor problem (meaning involvement of the brain)."

"Another common speech problem is poor pronunciation from being 'tongue tied'. This is a congenital problem and varies in severity. The child cannot protrude his tongue because the frenulum (the fold beneath the tongue) is too tight. This leads to not being able to pronounce certain words or sounds."

"Lastly, potato-in-the-mouth speech is found in children with enlarged tonsils. The tonsils fill the oral cavity so that it sounds like there is a potato in the mouth when they speak."

"Surgery and/or speech therapy would be the course of action, but parents should see an ear, nose and throat specialist if they have any concerns over their children's speech development."