Introduction
This study aimed to identify and compare the findings of alterations in: speech; orofacial functions; position of lips and tongue; tonus; voice and language in children, 2 to 16 year old, with a history of oral breathing, according to the following diagnoses: allergic rhinitis; adenoidal hypertrophy; allergic rhinitis and adenoidal hypertrophy and functional.

Method
This study was conducted with 414 patients of both genders, from 2 to 16 year old, of the Care Center for the Oral Breather, from March 2004 to April 2009. All patients were evaluated by a team made up by speech pathologists, allergists, and otolaryngologists who carried out clinical and integrated examinations (CBC, RX, nasal endoscopy, audiometry) of all patients. The diagnosis of oral breathing etiology was based on specific serum measurements of IgE (immunoglobulinE), X-ray of paranasal sinuses and/or nasal endoscopy. Data were statistically analyzed by Pearson Chi-Square test.

Results
The patients were divided according to otologic diagnosis for oral breathing. The etiology, most present in the sample, was allergic rhinitis. The most observed speech-language diagnosis was the presence of alterations in orofacial functions; position of lips and tongue and tone, separately or accompanied by other alterations. The studied sample showed presence of 82.2% relative to speech-language alterations. There were no statistically significant associations between the etiology of the patients and the presence and/or number of alterations in speech-language diagnosis.

Conclusions
Alterations in the orofacial functions, tonus and habitual position of lips and tongue are the most found and frequent in oral breathers. Etiology differences do not interfere in the presence and/or the number of alterations in speech-language diagnosis of oral breathers. Oral breathing, regardless of any etiology, is the major trigger for the found speech pathology alterations.