

Long term Results of Cleft Lip/Palate from Multidisciplinary Cleft Care Team at Prince of Songkla University: Preliminary Study

Chichareon Vichai M.D.

Background:

Cleft lip/palate creates not only the defects of lip/palate itself but also problems of growth/development, hearing, middle ear diseases, speech, dentition, facial deformity and social life. These patients need multidisciplinary care for solving their problems and living a normal life in society.

Objectives:

This report presents the long-term results of cleft lip/palate patients who have been managed and followed up regularly at the Cleft Lip/Palate and Craniofacial Center, Prince of Songkla University. These patients were treated by our multidisciplinary cleft care team for better outcome and better life.

Methods:

Information was retrieved from the cleft registry at the cleft clinic, Prince of Songkla University Hospital. These patients were managed by a multidisciplinary care team from both the Faculty of Dentistry and Faculty of Medicine. Growth and development of the patients, obturator making and adjusting of the alveolar cleft, cleft lip and cleft palate repair, full mouth treatment for caries, examination for serous otitis media and treatment, speech training, a hearing test, treatment of alveolar cleft and severe anterior cross bite were managed by our team. The cleft lip was repaired when the patient was 3 months old and primary nose reconstruction was also performed. In some cases when the alveolar cleft was readjusted into the proper position gingivoperiostioplasty was performed. The cleft palate was repaired when the patient was 9 to 18 months old by two flaps palatoplasty with intravelar veloplasty. Z-plasty was also performed when the patients had a scar contracture at the nasal mucosa of the cleft side. Patients who were lost to follow up were managed by a secretary and coordinator nurse.

Results:

The facial contour in these cleft lip/palate patients was satisfactory. The lip was symmetrical and lip height was equal or nearly equal. The vermilion border was in the same alignment. The vermilion had sufficient fullness. The nose contour and lateral profile were normal or nearly normal. Speech outcome was good to excellent.

Conclusion:

The treatment of cleft lip/palate patients needs multidisciplinary care for solving the multiple problems to achieve an excellent esthetic and functional outcome. The long-term follow up and touch up operation at the appropriate time and procedure(s) will bring these patients a normal or nearly normal function and contour. Finally, these patients will have a better life and good family and be good quality members of society.