

UNILATERAL SUBMUCOUS CLEFT PALATE PRESENTING WITH A MICROCLEFT OF THE UPPER LIP

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Introduction:

The comprehensive treatment of clefts as deformities implies a detailed understanding of the anatomical complexity of the condition and maintaining a delicate balance between the intervention that would be chosen as an appropriate treatment and the further growth of the child. Observance of coordinated and appropriate care from the infantile period until adolescence allows us an ideal outcome for each patient. For this purpose, it is necessary for the surgeons to have previous experience and to be involved throughout the entire process of treating the condition.

The classification of clefts is based on the involvement of the primary palate whereby if involved the cleft can be determined as unilateral, bilateral, complete (total) or incomplete (partial). In the secondary palate, the division is made in relation to the incisive foramen where the cleft can be anterior or posterior; in addition it can also be unilateral, bilateral, complete and incomplete.

As a separate and distinct entity, there is a submucous cleft palate considered to be the most subtle type of all palate clefts.

Case presentation:

THIS Poster presentation presents a case of rare unilateral submucous cleft palate accompanied by uvular micro cleft in 4 years old kid.



Speech therapy goals

Within one year with provision of therapy services, the kid had age appropriate articulation of the sounds. At this point, he entered Kindergarten, being understood by his teacher and his peers.

Conclusion:

Once the articulation improvement resulted in intelligible speech, language testing could reliably accomplished. The kid did have an expressive language delay, which was also targeted in his IEP at school. He is thriving in school, now 10 years old.

Oral exam

- Obvious bony deficit of the back of the hard palate
 - Zona pellucida
- Lip pits: suggest syndrome
- NB: Family history of cleft palate & lip pits: sibling

Furlow Z-plasty reconstruction

- Introduced by Dr. Furlow in 1986
 - Mirror-image Z plasty are used to reposition the levator muscle into a transverse position, and more posteriorly, within the soft palate, for improved velar elevation and retraction during speech

