

# Risks factors for Oral-facial clefts

**Introduction:** The aim of this study was to evaluate the risks factors, incidence, causes and symptoms of oral facial clefts at the children hospitalized in the children's ward in Stip.

**Methods:** After birth, cleft lip and palate were diagnosed by physical exam. The risks factors and special exposure of their mothers during pregnancy were assessed. Also, the incidence, causes and symptoms at the children with oral facial clefts were evaluated. Their parents did n't have oral-facial clefts.

**Results:** The results indicated that during past 10 year children with oral facial clefts were born in series in the same or closer month in the year. Also, was find that every year increased the number of children with oral-facial clefts and they were not associated with other syndrome. Children with oral-facial clefts have special problems and complication like feeding difficulties, ear infections and hearing loss.

**Conclusion:** The obtain results suggest that environmental factors, such as drugs (including several different anti-seizure drugs) and maternal smoking, are risk factors for appearance of oral-facial clefts. Cleft lips and palates were not associated with a syndrome are caused by a combination of genetic and environmental factors. We concluded that seasonal causes (such as pesticide exposure); maternal diet and vitamin intake; retinoids, which are members of the vitamin A family; [anticonvulsant](#) drugs; alcohol; cigarette use; nitrate compounds; organic solvents; parental exposure to lead; as teratogens increase the possibility of clefting. An increased risk for isolated oral-facial clefts was found in cases born to mothers treated with amoxicillin, phenytoin, oxprenolol, and thiethylperazine during the second and third month of pregnancy, which is the critical period for during fetal development.

