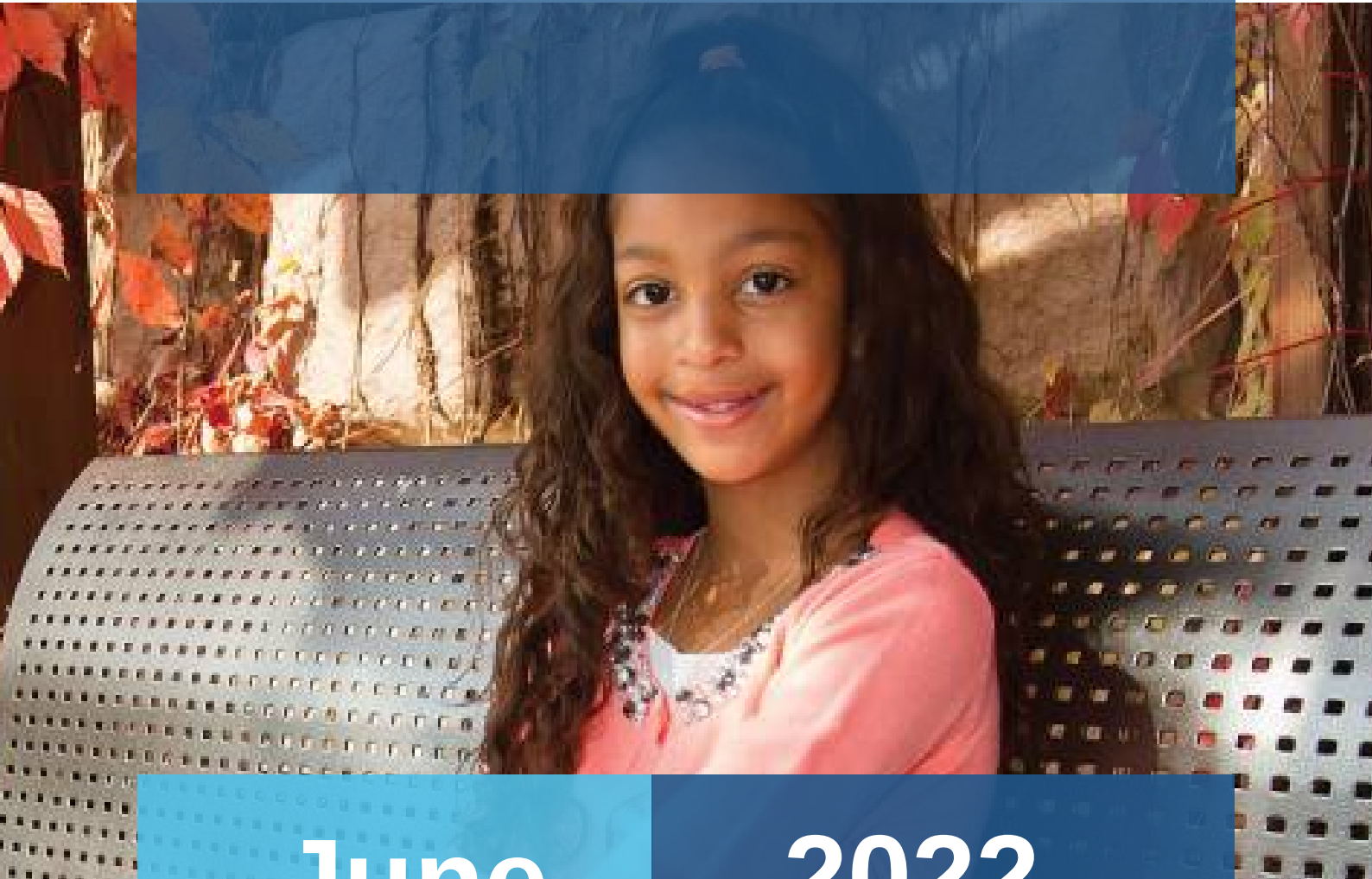


Cleft Lip and Palate



June

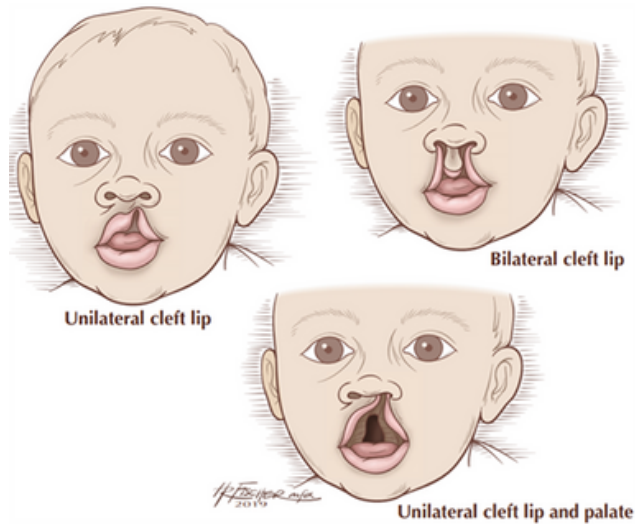
2022



DENTAL RISK COMPANY

"Dentistry at work"

Cleft Lip and Palate.



Cleft lip and palate is a genetic birth condition or syndrome. That forms while the baby is still developing in the mother's womb. It occurs due to inadequate tissue cells in the area it forms. It can form from the soft palate, hard palate, maxillary alveolar bone, lip, and nose. All these structures are supposed to join together in normal development, in a case of cleft lip and palate, they may not properly fuse or not fuse all together. They are classified to be unilateral or bilateral meaning they can be on both sides of the mouth, on one side, or in the middle. The general term that is used is cleft lip and palate, they can however form as cleft lip without the palate or cleft palate without the lip.

Causes of cleft lip and palate condition

Mostly the cause is unknown and unfortunately it cannot be prevented. Currently the available literature suggests that the causes are genetic and environmental. This disorder is normally observed in a patient who is related to someone who has also had it, it is hereditary. Other potential causes are medication used by the mother during pregnancy. Suspected medication such as anti-seizure medication, Accutane for acne, methotrexate. Environmental causes include exposure to unknown viruses, and exposure to certain chemicals during pregnancy. Cleft lip and palate can be diagnosed by a pregnancy ultrasound around 20 weeks or more. If it is not detected at that point, it will be detected after birth through a physical examination.



Impact of the cleft lip and palate condition:

- Eating problems – if there is an opening in the palate, food can pass through to the nose. There are specially designed baby bottles, man-made palates made with 3D printing machines and other advances in dentistry that assist in alleviating these problems.
- Ear infection and hearing loss – There is an increased risk of fluids building up in the middle ear and cause infections that can lead to hearing loss.
- Speech problems – Words cannot be articulated well due to the openings.
- Dental problems – There is a higher incidence of caries, malformed and displaced teeth in these individuals.

Treatment

Treatment requires a team to have the best possible outcome. Normally the team consists of:

- A maxillo-facial surgeon – to facilitate the surgery, with dentists to assist.
- Prosthodontist – to advice on oral friendly prosthesis, appropriate for the patient's age.
- Orthodontist
- Oral Hygienist
- Plastic surgeon
- Dental technician – if prosthesis is needed.
- Dietician
- Speech therapist
- Audiologist
- Radiographer
- Psychologist
- Nurse - to supervise overall health
- Geneticist – mostly for the parents for family planning

There is no set treatment because of how different each case is. The treatment may require 2 or more surgical procedures. The younger the child the better. The treatment time frame can be as long as 18 years or more.



Oral Hygiene and Dental care

- There should be early dental care. The oral hygiene instructions are given to the mother to practice and teach the child. There should be proper cleaning after meals, food must not accumulate in the walls of the opening.
- Fluoridated toothpaste.
- Make use of a gauze to wipe the soft tissues and soft bristled small brush.
- The child should have routine dental checkups.
- The mother to adhere to scheduled orthodontic checkups.
- Prosthodontic care will be tailored to the type of prosthesis used.

