

# Interdisciplinary care for cleft lip and palate patients



General information

# Incidence of occurrence & causes



## Introduction

Cleft lip and palate defects or orofacial defects are the most common craniofacial abnormalities. In Saudi Arabia incidence of occurrence of cleft lip and palate is approximately 1 every 700 live birth.

## How a cleft lip or palate occur?

A cleft happens when parts of the lip and mouth do not completely fuse together. During the first 6 to 10 weeks of pregnancy, the bones and tissues of a baby's upper jaw, nose, and mouth normally come together and fuse to form the roof of the mouth and the upper lip. Nowadays cleft lip can be detected early during prenatal ultrasound while an isolated cleft palate is found during a careful examination of the mouth after birth.



## Causes

Why does a cleft lip and palate occurs?

It is thought to be a combination of inherited (genetic) and environmental factors.

Both mother and father can pass on gene or genes that cause cleft lip and/ or palate. It might be isolated or associated to a syndrome.

Environmental factors linked with the occurrence of cleft lip and palate are:

Medicine (such as anti-seizures);

Deficient prenatal nutrients (folic acid deficiency);

Exposure to certain chemicals;

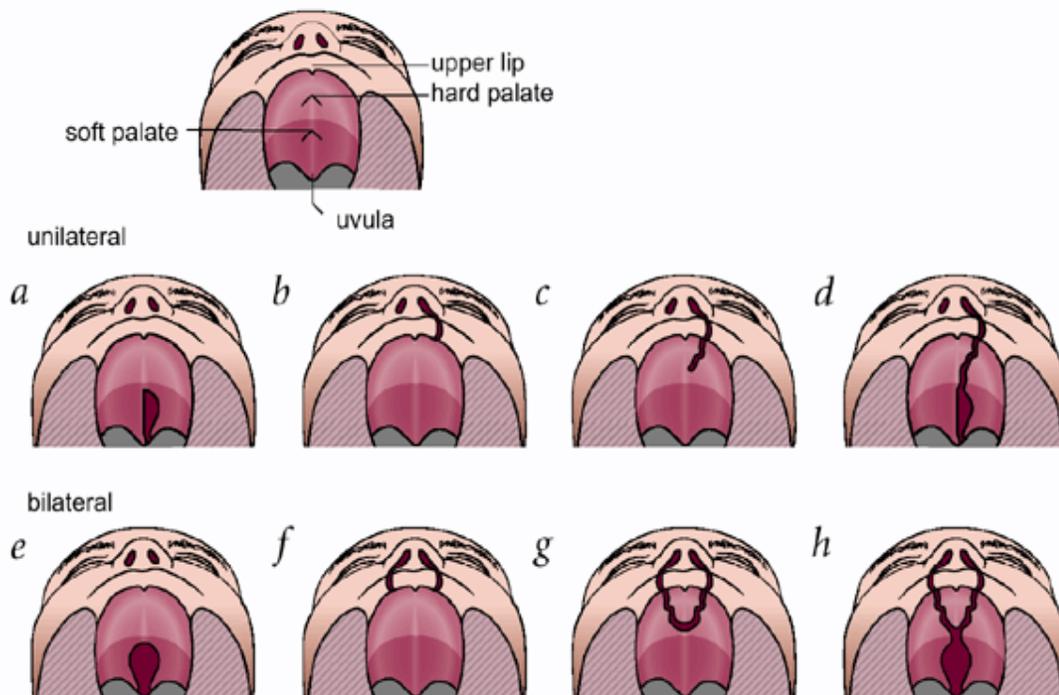
Drugs, cigarettes, alcohol intake.

## Different types of cleft lip and or palate:

Cleft lip can be isolated without palatal involvement and might be unilateral or bilateral.

Cleft palate can involve soft palate only with uvulae or both soft and hard palate.

Associated cleft lip and palate might occur unilaterally or bilaterally.



## Treatment protocol:

Treating a patient suffering from a cleft lip and palate defect starts from birth to almost 18 years of age and it needs the integrated efforts of many specialists and consultants.

Cleft lip and palate team members comprise: Maxillofacial surgeon, plastic surgeon, pediatrician, orthodontist, speech therapist, audiologist, nutritionist, ENT specialist, geneticist, pedodontist, prosthodontist, psychologist, social worker and a clinical coordinator.

Treatment protocol comprises in general the following:

- 1- Pre surgical orthodontics (NAM, extra oral stripes, nasal stent).
- 2- Geneticist evaluation
- 3- Lip closure(from 1 month to 3/6 month)
- 4- Palatal closure at 1 year of age (there are two main schools of thought one advocates early closure of the lip and palate, a procedure which imparts a high priority to early speech function. The other recommends delayed closure of the hard palate, thereby according a high priority to the growth of the maxilla)
- 5- Follow up with pediatrician, ENT specialist, audiologist
- 6- Speech therapy/dental care ( 1 y to 12y )
- 7- Orthodontics (growth modification)/ maxillary expansion
- 8- Alveolar bone graft at the clefted area
- 9- Comprehensive orthodontic treatment followed by dental implant or prosthesis.
- 10- Lip/nose revision if needed

