

The Prevalence of Cleft Lip and Palate Abnormalities, in Motherteresa Hospital

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Abstract

Objective: The aim of the study was to determine the prevalence of cleft lip and cleft palate in children born between 2007 and 2014 in Mother Teresa Hospital, Tirana, Albania.

Methods: This is a retrospective study, where medical records for children who born with cleft lip with or without palate anomalies between January 2007 and December 2014 in the Department of maxilla- facial department of Mother Teresa Hospital were taken. Data about the mother of the children with cleft lip and/or palate were taken. Data as age of the mother and risk factor was recorded and analyzed by SPSS.

Results: Over the 7 year period, 176 patient having oro- facial clefts were identify. From 176 patients with oro-facial clefts, 68 of them were males and 108 of them were female. Regarding the type of cleft abnormalities, 11.9% of all cases were with cleft lips (CL), 46 % with cleft palate (CP) and 42.1% with cleft lip and palate (CLAP). There was find a that the majority of the mothers that give birth to this children were with age more than 35 years old, smokers and with medical abused.

Conclusion: The incidence of cleft lip and palate in two hospitals in Mother Teresa Hospital in Tirana was comparable to some findings elsewhere. Female were more affected than males. Cleft palate were represented with a higher prevalence than cleft lip. Cleft lip and cleft palate are a medical and psychosocial problem in Tirana that calls for sensitization and counseling of the families of the affected children.

KEYWORDS: Cleft lip, Cleft palate, Tirana Mother Terasa Hospital, Oro-facial, Prevalence

Introduction

Cleft lip (CL) referred to as “harelip” (“European Academy of Paediatrics, Barcelona, Spain, October 7-10, 2006. Abstracts.” 2006) and cleft palate (CP) are variations of a congenital deformity caused by abnormal facial development during intra-uterine life. The oro-facial clefts may be complete or incomplete, unilateral or bilateral, primary or secondary depending on the degree of failure of fusion of palatal shelves (Dixon et al. 2011). CL and CP are the most common major congenital oro- facial abnormalities and occur in approximately 1: 700 to 4:1000 live births with significant racial and geographic variation (Payne et al. 2016). Fraser and Calnan found 21% of cases had isolated CL; 33%, CP and 46% had combined CL and CP, while Melnick indicated that approximately 80% of cleft lips are associated with cleft palates. Wilson reported a prevalence of left sided oro-facial clefts to be twice as frequent as right-sided clefts and 6- fold more frequent than bilateral clefts.

The overall incidence of associated anomalies in oro- facial cleft cases is 29%; the highest being associated with isolated cleft palate (Sobol et al. 2016). Children with CL or CP have associated dental anomalies, particularly the size, shape and position of the teeth (Manyama et al. 2014). Most of these children have facial deformities, speech disorders, feeding difficulties and stigma (Bugajis et al. 2014), (Warren et al. 1988). Dissatisfaction with facial appearance leads to reduced

peer relationships, self-esteem and intellectual competence (Aminpour and Tollefson2008).

In Albania the general population is around 3 million people and the cleft prevalence is calculated to be 1/1000 births according to a study carried out by OGH. Clefts are almost exclusively treated in UHC “Mother Theresa”, at the Oro-Maxillofacial Department. The average number of clefts treated 25-30 clefts per year.

The aim of the study was to determine the prevalence of cleft lip and cleft palate in children born between 2007 and 2014 in Mother Teresa Hospital, Tirana, Albania.

Methods

This is a retrospective study, which includes a period of time from January 2007 to December 2014. The study was conducted at Mother Teresa Hospital at the department of maxilla-facial. All the cases with oro-facial clefts were taken in this study in this 7 years period of time.

The medical records of children who born with cleft lip with or without palate anomalies were recorded. Data as demographic characteristic of the mother and the baby with oro- facial anomaly were recorded to.

All the data was analyzed by SPSS, and a significative p- value was put as a $p < 0.005$.

Results

From January 2007 to December 2014 we found 176 cases with oro- facial clefts. From 179 cases with oro- facial clefts, 39.3% were male and 60.7% were female. It was not seen any difference between males and females.

Regarding the type of cleft abnormalities, 11.9% of all cases were with cleft lips (CL), 46 % with cleft palate (CP) and 42.1% with cleft lip and palate (CLAP). There was not seen any significance between the type of abnormalities, where p-value was 0.6 (table1).

Table 1. Number of cases with oro-facial clefts from 2007 to 2014

	Number (%)	P-value
Gender		
Female	108 (60.7%)	P = 0.8
Male	68 (39.3%)	
Type of anomaly		
CL	21 (11.9%)	P= 0.6
CP	81 (46%)	
CLAP	74 (42.15)	

There was find a that the majority of the mothers that give birth to this children where with age more than 35 years old in 68.2% of cases. In 41.5% of cases was found the smoking habits of mothers and in 7% a medical abused.

Conclusion:

The incidence of cleft lip and palate in two hospitals in Mother Teresa Hospital in Tirana was comparable to some findings elsewhere. Female were more affected than males, but it was not seen any significative difference between gender in our group.

Cleft palate where represented with a higher prevalence than cleft lip. The risk factor for cleft anomalies in our group was seen the age of the mother, where the majority of them were more than 35 years old. Other riskfactors was seen the smoking habits more than 8 years with an average of 10 cigarette a day, and medical abused such as antidepressive.

Cleft lip and cleft palate are a medical and psychosocial problem in Tirana that calls for sensitization and counseling of the families of the affected children.

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