Reconstructive Surgery of Cleftlip, A Case Report in Albania

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Abstract

Cleft lip and palate are the most frequently occurring congenital anomalies. Patients present problems with chewing, swallowing, and speech, in addition to obvious alterations in appearance and facial growth. The evaluation and treatment of patients with cleft lip, palate, and nasal deformities is a challenging task. 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. We describe the management of a case of unilateral cleft repair, following the principles and methods of Tennison technique. Good outcomes from this surgical method have been reported in this case.

KEYWORDS: Unilateral Cleft Lip (UCL); Tennison technique; Albania, case report.

Introduction:

Cleft lip and palate are the most frequently occurring congenital anomalies. Bilateral cleft lip may be symmetrical or asymmetrical[1]. It appears in various forms, as cleft lip only or cleft lip accompanied with alveolar cleft or cleft plate. Bilateral cleft lip has been classically to be much difficult than treatment of unilateral cleft lip[2,3,4].

The field of cleft surgery has seen major advances over the past 30 years[1,2,3]. Normal function and normal to near-normal appearance are a realistic goal and can be achieved[5]. To obtain excellent results, a dedicated team approach following a surgical–orthodontic–speech-oriented protocol based on long-term experience is essential.

The most important stage in treating cleft patients is the primary cleft lip-nose repair[5,6]. It has become the standard of care in different countries to treat the nasal deformity with the lip deformity. Many different surgeons have reported consistently good results when performing primary nose repair at the time of lip repair[7,8,9,10].

In Albania clefts are almost exclusively treated in UHC "Mother Theresa", at the Oro-Maxillofacial Department. In this study we will describe the management of a case with unilateral cleftrepair, following the principles and methods of Tennison technique.

Case report.

This is a case of an 18-month-old male, who was observed to have protrusive premaxilla because early surgical repair had not been performed (Fig.1). A complete unilaterale cleft lip was observed. It was difficult to restore alveolar ridge continuity due to protrusive premaxilla. The Tennison technique was performed.

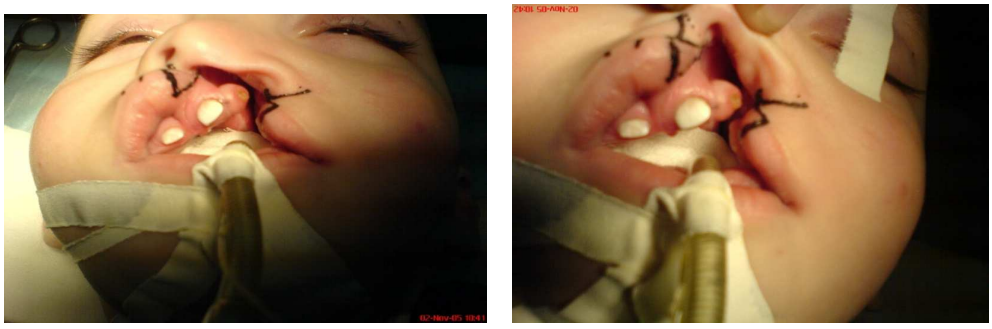

Fig.1. Preoperative clinical photograph

Anterior palatal repair was carried out in single stage. This was done in order to avoid anterior palatal fistula occurrence during the later palatal repair. After premaxilla osteotomy, premaxilla was repositioned backward to a favorable position for surgery (Fig.2).

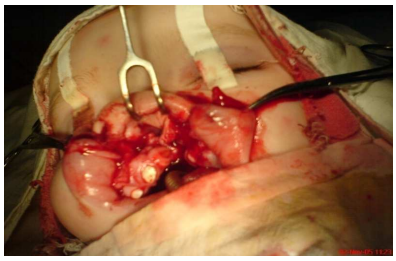

Fig. 2. Intraoperative clinical photograph

The lip closure was performed out in layers composing of muscle and subcutaneous suturing using 4-0 Vicryl suture. A 6-0 ethilon sutures was placed in vermilion and mucosa of the lip completing the closure. The nostril was closed with ethilon sutures. The alar cartilage on the left side was repositioned by placing a through-and- through suture tied over a bolster for duration of 1 week.

Antibiotics, analgesics and antacids were administered to the patients via suitable route till 7day postoperative procedure.

The remove of the suture was done on day 7of postoperative day. The patients were followed on outdoor one month after the postoperative day.

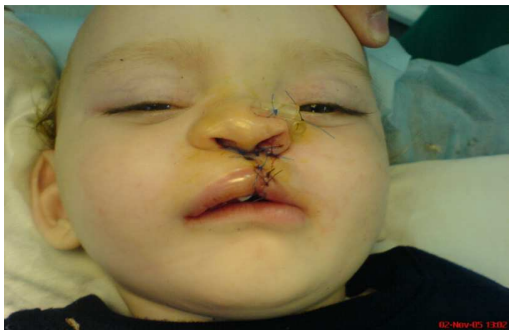

Fig. 3. Postoperative clinical photograph

Correction of the nasal cleft deformity is necessary during the primary surgery as we did in our case. The abnormal anatomy of the cleft nose includes several components. The severity of the primary nasal deformity is intimately related to the degree of displacement, abnormality, and hypoplasia of the maxillary segments. Continued hypoplasia and displacement of the maxillary segments, particularly the lesser segment, result in varying degrees of maxillary deficiency in the unilateral cleft lip and nose deformity[12]. Subsequent growth and the final degree of deformity and outcome depend on the cleft dysmorphogenesis and the selection of surgical procedures and sequencing[12,13].

The major deformity of the nose is corrected in our case.As a conclusion, Tennison technique remains the most accepted techniques in Albania.

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