



# INTERNATIONAL CLEFT CONGRESS 2017

8<sup>th</sup> - 11<sup>th</sup> FEBRUARY  
CHENNAI, INDIA



**Think, Treat & Teach**

## CONFERENCE TRANSACTION

13th International Congress of  
Cleft Lip & Palate & Related  
Craniofacial Anomalies

and

16th Annual Meeting of Indian Society of  
Cleft Lip, Palate & Craniofacial Anomalies





**Stability of treatment in complete unilateral cleft lip and palate patients after rapid maxillary expansion associated with maxillary protraction**

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Co-Authors : Araci M Almeida, Renata Sathler, Daniela G Garib, Gleisieli CPB Cardoso, Terumi O Ozawa

**Aims & Objectives:**

To evaluate the effectiveness and stability of Rapid Maxillary Expansion (RME) and Maxillary Protraction (MP) in unilateral cleft lip and palate (UCLP) patients.

**Material & Methods:**

Dental casts of 34 patients classified as Goslon 3 (G3) and Goslon 4 (G4) treated with RME and MP were evaluated by longitudinal analysis. The dental casts were made before the RME (T1) and immediately after the use of facemask was suspended (T2). In order to verify the stability of treatment, dental casts of 17 patients were evaluated at least one year after the end of the treatment (T3). For the control group, dental casts of 20 untreated patients G3 and G4 were evaluated. The dental casts were classified according to Goslon yardstick.

**Results:**

In T2, 85,7% of study group patients initially classified as G3 and 70% of patients initially classified as G4 obtained improvement of occlusal index. In T3, the majority of patients G3 and G4 maintained the initial index at the final evaluation. At the final evaluation of control group, 55,6% of patients initially classified as G3 maintained the initial index and 44,4% worsened it. In the patients initially classified as G4, 100% continued at the initial index.

**Discussion & Summary:**

The immediate result of RME and MP was satisfactory, however, when assessing stability of treatment, it was observed instability or worsening of the results. Even so, the final results of study group were more favorable when compared with control group.

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**Asymmetrical Maxillary Distraction of a Patient With Bilateral Cleft Lip and Palate**

Author : **Dr. Derya Germec Cakan** PhD Delegate Turkey  
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**Aims & Objectives:**

The aim of this case report is to present asymmetrical maxillary distraction of a patient with bilateral cleft lip and palate, severe maxillary retrognathia and midline deviation.

**Material & Methods:**

A 13.5 years old female patient with bilateral cleft lip and palate complete was referred to our clinic. Her clinical and radiographic evaluation revealed a dolicofacial growth pattern, Class III skeletal relationship with retroclined maxillary and mandibular incisors, 6 mm of negative overjet, maxillary constriction, retrognathia and midline deviation, mandibular asymmetry, congenitally missing maxillary left second premolar and large oronasal fistula. Maxillary advancement with external distraction, mandibular surgery and repair of the fistula were planned. Before surgery, orthodontic treatment started with maxillary expansion and levelling. Then maxilla was advanced asymmetrically using Rigid External Distractor (RED).

**Results:**

At the end of interdisciplinary treatment, severe maxillary retrognathia, constriction and maxillary midline deviation were corrected. Because the patient declined mandibular surgery, mandibular asymmetry persisted. However a functional occlusion, a harmonious profile and patient satisfaction were achieved.

**Discussion & Summary:**

RED is an effective method for the treatment of severe maxillary retrognathia in patients with cleft lip and palate. Furthermore, asymmetrical activations of the distractor enable the correction of the midline problems.