

## INFORMATIZATION OF SPEECH OUTCOME IN A RANDOMIZED CLINICAL TRIAL

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**Objective:** To digitize the speech data obtained in a Randomized Clinical Trial, known as Projeto Florida (RCT-PF) and to verify preliminary findings regarding occurrence of velopharyngeal dysfunction after primary palatoplasty. **Methods:** Data from existing speech-language evaluations reported in patients' charts were retrieved and entered into an excel spreadsheet. Information regarding the type and timing of the primary palatoplasty as well as the results of hypernasality and nasal air emission tests were of interest in this study. Presence of nasal air emission and hypernasality, when combined for the same patient, were interpreted as suggestive of velopharyngeal dysfunction. **Results:** Speech outcome were identified for 466 patients with unilateral cleft lip and palate included in the RCT-PF. In these group, 221 (47%) received primary lip repair with the Spina technique and 245 (53%) with the Millard; 219 (47%) received primary palatal repair (palatoplasty) with the Furlow technique and 247 (53%) with the von Langenbeck (VL); 227 (49%) patients received palatoplasty between 9 and 12 months (early repair) and 239 (51%) between 15 and 18 months (late repair). The occurrence of velopharyngeal dysfunction was significantly higher in the group operated with the Langenbeck technique (36%) compared to those operated with the Furlow technique (21%) (Chi-Square,  $p=0.001$ ). There was no significant difference when patients were grouped according to age at primary palatoplasty (Chi-Square,  $p = 0.712$ ). **Conclusion:** Data digitized in this project indicate that patients operated with the VL technique had a significantly higher occurrence of velopharyngeal dysfunction than those operated with the Furlow technique.