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ABSTRACT BOOK

Outcomes of the sommerlad palate re-repair for vpi treatment: pre- and postoperative analysis of speech and sleep-related disorders.

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Background: Studies have shown that pharyngeal flap surgery, frequently used for the treatment of residual velopharyngeal insufficiency (VPI) in individuals with repaired cleft palate, besides improving speech may lead to breathing disorders during sleep.

Aims: In the present study, the functional outcomes and the associated complications of the Sommerlad palate re-repair - a less obstructive surgery, characterized by radical dissection and retroposition of velar muscles - are prospectively investigated in nonsyndromic individuals with repaired cleft palate±lip, 6 and 12 months after the re-repair.

Methods: Thirty-six individuals, aged 6 to 29 years, with mild to moderate VPI, were included in the study so far, and 11 of them already underwent the first postoperative (6mo) assessment of the surgery complications, the sleep quality, using standardized questionnaires, and the speech-related outcomes, using instrumental methods (nasometry and pressure-flow study). Informed consent was obtained from all participants (institutional ERB #1.905.404).

Results: No surgery complications such as bleeding, airway obstruction, dehiscence and fistula were observed. Regarding sleep quality: snoring was reported by 6 individuals (55%) prior to surgery, with slight worsening after surgery, and excessive daytime sleepiness was reported by 2 individuals (18%) after surgery, and breathing pauses by only one (9%). As for speech: improvement of VP function was seen in 10 individuals (91%), 8 of them (73%) showing adequate closure, and decrease in nasalance scores, suggesting decrease in the degree of hypernasality, was seen in 9 individuals (82%), without compromising pharyngeal patency (subnormal nasopharyngeal area and nasalance suggesting hyponasality were seen in only one case).

Summary/Conclusion: The confirmation of the effectiveness of the Sommerlad palate re-repair on both speech and sleep quality in a statistically significant sample will represent a relevant contribution for the cleft-related VPI treatment.