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ABSTRACT BOOK

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Treatment of maxillary deficiency with increased lip angle and close nasolabial angle in a clp patient. Case report.

A Medrano Gutierrez[1], R Yassutaka Faria Yaedú[1], M Barbosa Mello[1]
[1]Postgraduate Program, Hospital for Rehabilitation of Craniofacial Anomalies, Bauru, São Paulo, Brazil., Bauru, Brazil

Background: This paper presents the planning for a double-jaw orthognathic surgery. The patient presented skeletal Class III discrepancy, CLP, maxillary deficiency and a closed nasolabial angle. The lip angle and nasolabial angle are measurements that indicate a correct maxillary position on the sagittal anteroposterior plane.
Aims: This report discusses possible reasons for the increased lip angle, despite the maxillary deficiency, as well as the reason that allowed Le Fort 1 advancement, improving the facial balance and harmony after orthognathic surgery.
Methods: The patient was an adult male with non-syndromic bilateral cleft lip and palate (BCLP) and skeletal Class III malocclusion due to a maxillary deficiency and mandibular prognathism.
The patient's main complaint was mandibular prognathism and lack of nose support.
Evaluation of facial profile revealed a deficit in the middle third, as well as underdevelopment of maxillary growth; however, the patient presented a close nasolabial angle, closed lip angle and upper lip with normal projection and overjet of 8mm.
Results: The surgical planning comprised double-jaw orthognathic surgery with maxillary Le Fort 1 osteotomy and mandibular sagittal osteotomy with clockwise rotation of the occlusal plane. Thus, it was possible to correct the maxillomandibular skeletal Class III discrepancy, improving the facial balance and harmony and achieving normal occlusal relationship, despite the upper lip projection and closed nasolabial angle.
Summary/Conclusion: The upper lip projection, closed lip angle and closed nasolabial angle are measurements that indicated incorrect maxillary positioning on the sagittal anteroposterior plane. However, an accurate three-dimensional planification for a double-jaw orthognathic surgery may improve the maxillomandibular skeletal Class III discrepancy.