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Think, Treat & Teach

CONFERENCE TRANSACTION

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and

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Cleft Lip, Palate & Craniofacial Anomalies

Orthodontics

Morphological analysis of patients with cleft of lip and palate from Treatment Center of Craniofacial Anomalies of Rio de Janeiro state

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Aims & Objectives:

Characterize the occlusion and facial pattern of operated Unilateral Cleft of Lip and Palate (UCLP) adult patients in order to aim the orthodontic rehabilitation requirements in the Center for Treatment of Craniofacial Anomalies of Rio de Janeiro state.

Material & Methods:

A sample of 20 adults with UCLP operated of lip and palate and without orthodontic treatment were selected. The transversal dimensions and morphology of maxillary dental arches, as well as facial pattern and inherent characteristics of rehabilitation process were evaluated. Transversal dimensions were compared with a normal occlusion group (n=22).

Results:

Data indicated transverse maxillary deficiency associated to different kinds of cross-bites in the cleft group. Facial profile shows strong tendency for maxillary hypoplasia, while alveolar bone graft was absent in the rehabilitation process.

Discussion & Summary:

The findings suggest the impact of primary surgeries of lip and palate on the three-dimensional growing of maxilla. The gold pattern of rehabilitation could not be reached without alveolar bone graft, a therapy that provides unity and integrity to alveolar maxillary bone.

Maxillary growth modulation in cleft patients using orthopaedic forces

Author : **Dr. Angeline Archana** MDS Delegate India

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Aims & Objectives:

The main objective of this poster is to emphasis the importance of utilizing the growth spurt of the patients to modulate the growth of the jaws. The effectiveness of using this to help correct maxillary hypoplasia in cleft children is discussed.

Material & Methods:

Here we have presented the results of 3 cases of cleft children in their mixed dentition period who came to our hospital with maxillary hypoplasia. Study models and lateral cephalogram were recorded. For 2 patients, face mask with bonded rapid palatal expander was used and for the other patient miniplates attached to the zygomatic region and in the lower anterior dentoalveolar region was used. The orthopaedic force was given by attaching elastics. 14 ounce of force was given on each side. The treatment was continued for 6 months. Retention was achieved by chin cup.

Results:

Maxillary protraction achieved was 4 mm, upper incisor proclination was by 2 degrees in patients where face mask with RME was used. Mandibular plane angle increased by 2 degrees. Posterior cross bite was corrected.

Discussion & Summary:

The growth of the maxillla is deficient in all the 3 planes of space in cleft patients. The orthopaedic forces for protracting the maxilla helps in correcting the deficiency in all the 3 planes and the face mask usage is dependent on patient compliance. The miniplates with elastics can be worn even to school and has better patient compliance. There is no dental proclination since it takes it's anchorage from the zygoma. For non compliant patients it would help us in achieving better results.