



INTERNATIONAL CLEFT CONGRESS 2017

8th - 11th 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



**Crippled Palate: Use of tongue flap to repair a large palatal defect**

Author : **Prof. Ghulam Qadir Fayyaz** MS Delegate Pakistan
Co-Authors : Nauman Ahmad Gill, Irfan Ishaq, Mohammad Kashif

Aims & Objectives:

Use of tongue flap can help in treating large palatal fistulae. We share our experience of treating a patient with multiple palatal fistulas involving hard and soft palate with a large tongue flap.

Material & Methods:

This is a case report of a patient treated with tongue flap. Patient presented to our team in November 2014. Multiple fistulas were present in the soft and hard palate as a result of previous surgeries.

Results:

This patient was managed with a large tongue flap in order to provide coverage of soft and hard palate. The flap survived completely and detachment was done 2 weeks postoperatively. There was no recurrence of the fistula

Discussion & Summary:

Tongue flap is a valuable option for severely deformed secondary palate cases

Disclosure

None.

Effectiveness of tranexamic acid for reducing intraoperative bleeding in palatoplasties: a randomized clinical trial.

Author : **Dr. Guilherme Arantes** MS Delegate Brazil
Co-Authors : Rui Manoel R Pereira, MSc; Daniela B de Melo, MSc; Nivaldo Alonso, PhD; Maria do Carmo M B Duarte, PhD.

Aims & Objectives:

Surgery for cleft palate is usually performed in young children for whom even small blood losses might be relevant. Few data are available regarding blood loss during this type of surgery. The present study assessed the effect of using systemic tranexamic acid in the reduction of intraoperative bleeding in palatoplasties.

Material & Methods:

A double-blind, randomized clinical trial was designed to compare intraoperative bleeding and the incidence of oronasal fistulas after palatoplasties in a control group that was given placebo and an intervention group that was given 10 mg/kg tranexamic acid followed by a continuous infusion of 1 mg/kg/h of the same until the end of surgery. Patients who underwent palatoplasty at our institution during the study period were included in the study. Patients presenting a known or suspected coagulation disorders, or indication of secondary palatoplasty for the correction of oronasal fistula were excluded.

Results:

70 patients were initially allocated, 66 received the intervention. One from the intervention group and two from the control group were lost to follow-up and were not assessed for the presence of fistulas. Blood loss was reduced by 11.9%, without statistical significance. The incidence of fistulas in the intervention and control groups was 12.9% and 18.75%, respectively. The reduction of 5.8% (CI 95%: 12% to 23.8%) was not significant.

Discussion & Summary:

The reduction of intraoperative blood loss was lower than expected and not statistically significant; a larger sample is needed to confirm the observed reduction. The drug did not seem to have negative effects on flap viability.

Disclosure

None of the authors have financial interest in this research or a commercial relation with the pharmaceutical company that produces and distributes the drug used in the study.