MANAGEMENT OF CLEFT LIP AND PALATE: AN ORAL SURGEON’S PERSPECTIVE

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Cleft lip and palate (CLAP) is one of the most common developmental diseases.

The significance and its management are marred with psychosocial taboos, emotional dilemmas and lack of dedicated combined expert efforts in Pakistan. Basically cleft lip and palate is a broken oral cavity and domain of experts, who manage afflictions of oral cavity very routinely. They are involved in management of dentoalveolar region, the most difficult part in the management of CLAP. This region provides foundation for facial esthetic and sphincter action of stomata of both oral and nasal cavities. An orthodontist aligns this region and provides foundation for reconstruction. The restorative dentists conserve the teeth and helps in preserving the growth stimulus for future development and reconstruction. The prosthodontist provides various splints and devices including prosthesis for esthetics and mastication in the management of CLAP.

The oral and maxillofacial surgeons (OMFS) with their unique background of above knowledge in their foundation studies can combine the plastic principles of Z and V-Y plasty to close two basic layers in CLAP. The superficial layer comprises of labial dermis and nasal mucosa, the deep layer of oral vestibule and palatal mucosal layer along with the adjoining muscles. Interspersed in these two soft tissue layers is the dentoalveolar and palatal hard tissue which is most often again grafted and reconstructed by OMFS.

Management of cleft lip and palate is multidisciplinary. The Max Facs surgeon if trained properly can provide a solution to this affliction, CLAP affecting human beings since advent, under one roof.

The AFID is one of the largest premier tertiary care institutes of dentistry in the country. It cultivates and nurtures the basic and advanced dental health care culture in dental students of AMC/NUMS and CPSP in all disciplines of dentistry. OMFS department of AFID provides dental health care to its clientele from a simple tooth extraction to as advance care as management of cleft lip & palate, war and urban facial trauma, benign and malignant oral diseases, TMJ afflictions and esthetic concerns. The institute has a unique honor of pioneering intra oral distraction of maxillofacial region in the country along with establishing a complete max facs based cleft lip and palate (CLAP) service. Various scientific publications on the topic are witness to the fact. Monoblock intraoral distraction osteogenesis for management of facial asymmetry is another alternative, inexpensive, innovative technique pioneered in the institute.