MANAGEMENT OF CONGENITAL DEFECTS OF THE LIP AND PALATE IN THE CONTEXT OF ACCOMPANYING SYNDROMES AND ANOMALIES

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The treatment of lip and palate defects, when they are accompanied by syndromes, requires surgeons to have not only a great Practical experience, but also to have knowledge on the anatomy of defects and about syndromes and anomalies, as well as knowing the 3D reconstruction of the face and head, without forgetting the risk that these children have in order survive when accompanied by syndromes.

The management of cleft children begins in the first 3d - 4th months of intrauterine life through 3D echo. The early detection of these defects is important, not only to determine the diagnosis, but also for the education of the parents, their psychological preparation and gives the opportunity to detect any chromosomal abnormality. This early diagnosis also gives the parents the choice to continue or not the pregnancy, and gives time for the possibility of any prenatal surgery. It is also important to explain to parents that so far nothing is known about the prevention and occurrence of these anomalies and that these are also the reasons that sometimes they are diagnosed late.

Genetic consultation is very important because it solves the genetic basis of present syndromes as well as the risk for recurrence in future births. The most frequent syndromes that accompany congenital defects of the lip and palate are: Stickler syndrome, 22q 11 deletion syndrome, Pierre Robin syndrome, Down syndrome, Von der Woude syndrome, Velo - cardio facial syndrome, Treacher Collins syndrome, etc. The incidence of present syndromes is greater in children with partial defects of the palate, approximately 50% of them, without excluding the lip clefts.

It is important for the surgeon to have knowledge on the syndromes that may accompany these defects not only for the surgical approach, but also for the management of the post natal first months of life. For example, Pierre Robin syndrome requires a tracheostomy right after birth in the vast majority of cases in order to solve the possibility of asphyxia, and the placement of the naso-gastric tube for their feeding.

In Albania, congenital defects of the lip and palate, both non-syndromic and syndromic, are treated only by the Maxillo Facial surgeon, so there is a great responsibility in their management.

Keywords: Maxillofacial surgeon; Syndromes; Clefts; Lip and Palate Clefts, Management of Clefts in Syndromes