IZOLOVAN RASCEP SEKUNDARNOG NEPCA

Prof. dr Radoje Simić, Odeljenje plastične i rekonstruktivne hirurgije, Institut za zdravstvenu zaštitu majke i deteta Srbije „Dr Vukan Čupić".

Dr sc. med. Nemanja Ranković, Odeljenje plastične i rekonstruktivne hirurgije, Institut za zdravstvenu zaštitu majke i deteta Srbije „Dr Vukan Čupić".

Dr Mario Mizdarić, Odeljenje maksilofacijalne hirurgije, UKC Republike Srpske, Banja Luka.

Orofacijalni rascepi predstavljaju najčešće kongenitalne anomalije lica. Incidencija izolovanog rascepa nepca (IRN) je 1-25/10000 novorođenčadi.

U periodu od 10 godina na Odeljenju plastične i rekonstruktivne hirurgije Instituta za zdravstvenu zaštitu majke i deteta Srbije hospitalizovano je 1016 pacijenata sa anomalijama lica. Orofacijalne rascepe imalo je 38,8% pacijenata od kojih je kod 46,2% dijagnostikovan IRN.

Totalni rascep nepca imalo je 36,2% pacijenata, subtotalni rascep 28,2%, rascep mekog nepca 15,8% dok je submukozni rascep imalo 19,7% pacijenata. Submukozni rascepi činili su 9,6% pacijenata sa orofacijalnim rascepima. Kod devojčica je češći IRN (53,3%) dok su dečaci češće imali submukozni rascep nepca (64 %). Udružene anomalije imalo je 35,6% pacijenta sa IRN. Najčešće su dijagnostikovane anomalije šake i stopala (44%), anomalije urinarnog trakta (34%) i srčane anomalje (11%). Pierre Robin sekvencu imalo je 14% pacijenata sa IRN. Submukozni rascepi su najčešče dijagnostikovani u uzrastu od 38,3 meseci kada su i operisani. Kod pacijenata sa IRN primenjivali smo operativne tehnike autora Veau-Kilner-Wardill (85,9%), Furlow-a (12,8%) i najređe tehniku autora Langenbeck-a (1,3%). Kod submukoznih rascepa nepca najčešće je primenjivana tehnika autora Furlow-a (67,7%) a potom Veau-Kilner-Wardill tehnika. Nakon rekonstrukcije rascepa nepca 4,8 % pacijenata operisano je zbog velofaringealne insuficijencije.

ISOLATED (ONLY) CLEFT PALATE

Professor Radoje Simic, Department of Plastic and Reconstructive Surgery, Institute of Mother and Child Health Care of Serbia "Dr Vukan Cupic", Belgrade, Serbia, Department of Surgery, Faculty of Medicine, University of Belgrade, Belgrade, Serbia.

MD - PhD Nemanja Rankovic, Department of Plastic and Reconstructive Surgery, Institute of Mother and Child Health Care of Serbia "Dr Vukan Cupic", Belgrade, Serbia.

MD Mario Mizdaric, Department of Maxillofacial Surgery, University Clinical Centre of the Republic of Srpska, Banja Luka.

Orofacial clefts are the most common congenital facial anomalies. The incidence of cleft palate only (CPO) is 1-25/10000 newborns.

In a period of 10 years, 1016 patients with facial anomalies were hospitalised at the Department of Plastic and Reconstructive Surgery, Institute of Mother and Child Health Care of Serbia. Orofacial clefts were present in 38.8 % of patients, of which 46.2 % were diagnosed with CPO.

Our CPO patients in 36.2% had total cleft, 28.2% subtotal cleft, 15.8% soft palate cleft, while 19.7% had submucosal cleft. Submucosal clefts accounted for 9.6% of patients with orofacial clefts. CPO are more common in girls (53.3%), while boys frequently had submucosal cleft (64%). Associated anomalies were present in 35.6% of patients with CPO. Anomalies of the hand and foot (44%), urinary (34%) and cardiac anomalies (11%) were most frequently diagnosed. About 14 % of patients with CPO had Pierre Robin sequence. Submucosal clefts were commonly diagnosed at the age of 38.3 months, when they were operated on. For CPO patients we used Veau-Kilner-Wardill operative technique (85.9%), Furlow (12.8%) and rarely Langenbeck technique (1.3%). In cases of submucosal clefts we preferred Furlow (67.7%) followed by Veau-Kilner-Wardill technique. After CPO reconstruction 4.8% of our patients were operated because of velopharyngeal insufficiency.