

Orthodontic management of patients with cleft lip and palate

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Abstract

Cleft lip and palate (CLP) is a frequently encountered congenital anomaly occurring due to a failure fusion of maxillofacial processes in the embryonic period. Clefts can be classified as syndromic (combined with other malformations) and non-syndromic (isolated) cleft lip and palate. There are many etiological factors of non-syndromic cleft lip and palate. Many genetic and environmental factors such as malnutrition, exposure to radiation during pregnancy, stress, teratogenic agents, infectious agents such as viruses and genetic transmission are one of these factors. In all cleft lip and palate patients; similar complex occlusal, aesthetic, functional and speech problems increasing with the severity of cleft are observed. Facial profile abnormalities are observed due to incompatibility between the upper and lower jaw in CLP patients. These disorders are often observed as Angle Class 3 anomalies with the formation of maxillary narrowing as a result of a scar resulting from the surgical closure of cleft region; and sometimes with the addition of increased mandibular development. Some malformations are common in these patients in terms of tooth alignment. Sometimes impacted teeth resulting from the lack of sufficient space in the arc due to skeletal narrowness of the upper jaw and sometimes teeth which do not occur congenitally in the region of cleft are seen frequently. Although the absence of lateral incisors are observed mostly, the absence of central incisors and canines may be seen. This can be unilateral or bilateral.[Even if these teeth are seen particularly in the cleft region, they can be malformed and malpositioned. The bone supports of adjacent teeth are diminished. The management of patients with cleft lip and cleft palate requires prolonged orthodontic and surgical treatment and an interdisciplinary approach in providing them with optimal esthetics, function, and stability. This presentation describes an update on the current concepts and principles in the treatment of patients with cleft lip and palate. Sequencing and timing of orthodontic/orthopedic and surgical treatment in infancy, early mixed dentition, early permanent dentition, and after the completion of facial growth will be discussed.



Biography:

DDS , DPD(Drodont)Dentistry for Children1988.Postgraduate taught course (two-years) in Oral Biology/Pathology, Dental Faculty, University of Athens 1998 .Master of Biostatistics,School Mathematics/ Medicine, Athens2001. Postgraduate Bioesthetic Dentistry. OBI,International Faculty.Diploma. Roth/Williams Center for Functional Occlusion, Postgraduate Certificate Diploma in Restorative and Aesthetic Dentistry. He is currently a member of EAPD (The European Academy of Pediatric Dentistry) and the IAPD (International Association of Pediatric Dentistry). The American Academy of Pediatric Dentistry (AAPD).194publications as author or co-author in peer-reviewed journals/bookchapters .120 lectures and CE courses(Cleft lip/palate,Pediatric Dentistry) in many countries..

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