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Think, Treat & Teach

CONFERENCE TRANSACTION

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**Achievement Of Cranio-facial Symmetry In Isolated Unilateral Coronal Synostosis:
Long -term Photometric Results**

Author : Dr. Fabio Mazzoleni MD Delegate Italy
Co-Authors : Maria Costanza Meazzini, Carlo Giussani, Giorgio Novelli, Alberto Bozzetti

Aims & Objectives:**Introduction :**

The aim of surgery in isolated unilateral coronal synostosis is to prevent functional problems, if possible, and mainly to obtain a better cranial and facial shape in terms of symmetry of the fronto-orbital area and to normalize over time the facial twisting. The keys to a successful morphologic result are the amount of hypercorrection, accuracy in modelling and repositioning of bone segments, and their appropriate fixation.

Material & Methods:

METHODS. A sample of 54 patients affected by plagiocephaly documented with 3D cranial CT-scan were treated at our department from January 2001 to December 2014. The age ranged from 5 to 26 months. Our cranioplasty technique expected disconnection, reshaping and repositioning with titanium plates of the deformed bone segment to achieve a stable fixation aimed to drive a symmetric facial growth. All patients had pre and post op photometric serial pictures with the same projections and magnification. Craniofacial landmarks were provide to establish the degree of fronto-orbital and facial symmetry.

Results:

RESULTS All the patients underwent 18 to 25 mm advancement of the fronto-orbital bandeau on the affected side. The morphologic long-term follow up (range 1-12 years, average 62 month) demonstrated an immediate post-op normalization of the fronto-orbital area and during the growth the achievement of a final facial symmetry in a 4-6 years period.

Discussion & Summary:

CONCLUSION However, very few long-term studies on the results on facial symmetry in plagiocephaly are available. We think that among the goals of craniofacial surgery in plagiocephaly there is the obtainment of cranio-facial symmetry.

Surgical Treatment of Tessier 30 facial cleft. When, what and how to operate?

Author : Dr. Attila Vastyan PhD Delegate Hungary
Co-Authors : Jozsef Barabas MD, DSC, János Vízkelety DMS, Gusztáv Klénk, Krisztián Nagy

Aims & Objectives:

Midline clefts of the lower lip, mandible, tongue and neck are rare congenital abnormalities. First reported by Couronne in 1819. To date around one hundred cases have been published in the literature. There is a lack of consensus regarding the methods and the timing of corrective surgery. The aim of the presentation is to detail the treatment and follow-up of our patient and to discuss the timing of the surgical steps.

Material & Methods:

Our patient was referred to us on her day of birth with midline cleft of the lower lip, ankyloglossia, a polypoid structure in the pharynx, cleft palate and cleft of the mandible. She underwent removal of the polyp, reconstruction of the tongue and the lower lip as a first operation. At age 16 months the patient underwent cleft palate repair (Furlow palatoplasty). At age 11- following orthodontic treatment- she had the reconstruction of the mandible, using 2 miniplates. Pre- and postoperative assessment included 3D CT and Cone Beam CT (CB CT).

Results:

By age 13 good soft tissue correction, good result of the velopharyngeal function and complete ossification of the mandibular defect with acceptable mandibular chin contour was achieved.