Barts Health NHS

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The restorative management of cleft lip and palate: Three case reports

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Introduction

Clinical Procedure (case 1)

Discussion

The incidence of cleft lip and palate is 1 in 700 live births and is divided into isolated cleft palate and cleft lip with or without cleft palate¹. The aetiology of cleft lip and palate still remains unknown and its management requires multidisciplinary care^{1,2}.

Specialists in prosthodontics and restorative dentistry will often be challenged with the rehabilitation of patients who have a congenital cleft of the lip and/or the palate^{1,2}.

There is paucity of evidence on oral rehabilitation of cleft lip and palate patients^{3,4,5}. The presence of palatal defect, missing or malformed teeth in the cleft region, arch-width discrepancies, reduced vertical dimension and the number, distribution and restorative status of the remaining teeth will determine the restorative management of these cases ^{3,4,5}.

Aims

The aim of this poster is to present the restorative management of three multidisciplinary cleft lip and palate cases treated in conjunction with Oral and Maxillofacial Surgery and Orthodontics and share with colleagues different treatment modalities available for this group of patients.

Case Reports

Case 1: A 19-year-old male treated with composite build ups of the maxillary anterior teeth to enhance aesthetics after the cleft lip and palate was repaired by the Oral and Maxillofacial Surgeons and teeth were aligned with orthodontic treatment.

Case 2: A 46-year-old male with repaired cleft lip and palate by the Oral and Maxillofacial Surgeons requiring replacement of missing teeth with a two part sectional removable prosthesis to restore function and aesthetics.

Case 3: A 44-year-old female with cleft lip and palate and an oronasal fistula who has be rehabilitated with an obturator to restore the oronasal communication and replace the missing teeth.



Figure 1: Pre-operative photo



Figure 3: Post-operative photo with teeth in occlusion

Figure 4: Smile at the end of the treatment

Clinical Procedure (case 2)



Ire 5: Pre-operative photo



Figure 7: Fit of sectional removable prosthesis



Figure 8: Smile at the end of the treatm

Clinical Procedure (case 3)



Figure 9: Pre-operative photo



Figure 11: Fit of obturate



Figure 10: Try in of Co/Cr framework for obturate



Figure 12: Smile at the end of the treatment

The three cases highlight a range of complexity these patients can often present with. All the patients were satisfied with the functional and aesthetic outcome at the end of the treatment.

Multidisciplinary care is prerequisite for the long term success of any type of restorative treatment. The Restorative Specialist should be involved at an early stage with the management of these patients in order to:

• liaise with the other specialities and promote a restoratively driven oral rehabilitation and

•promote preventative care which will allow any orthodontic or surgical intervention to be completed without further complications.

Conclusions

The rehabilitation of patients with cleft lip and palate is challenging and requires multidisciplinary care for optimal functional and aesthetic outcome. Moreover, with lack of robust evidence on management of these patients it is essential clinical experience to be shared to promote knowledge sharing.

Acknowledgements

I would like to thank Dr Philip Taylor and Dr Tim Friel for their contribution on the management of case 2 and 3.

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