**SNS COLLEGE OF ALLIED HEALTH SCIENCES**

SNS Kalvi Nagar, Coimbatore - 35

Affiliated to Dr MGR Medical University, Chennai

**DEPARTMENT OF PHYSICIAN ASSISTANT**

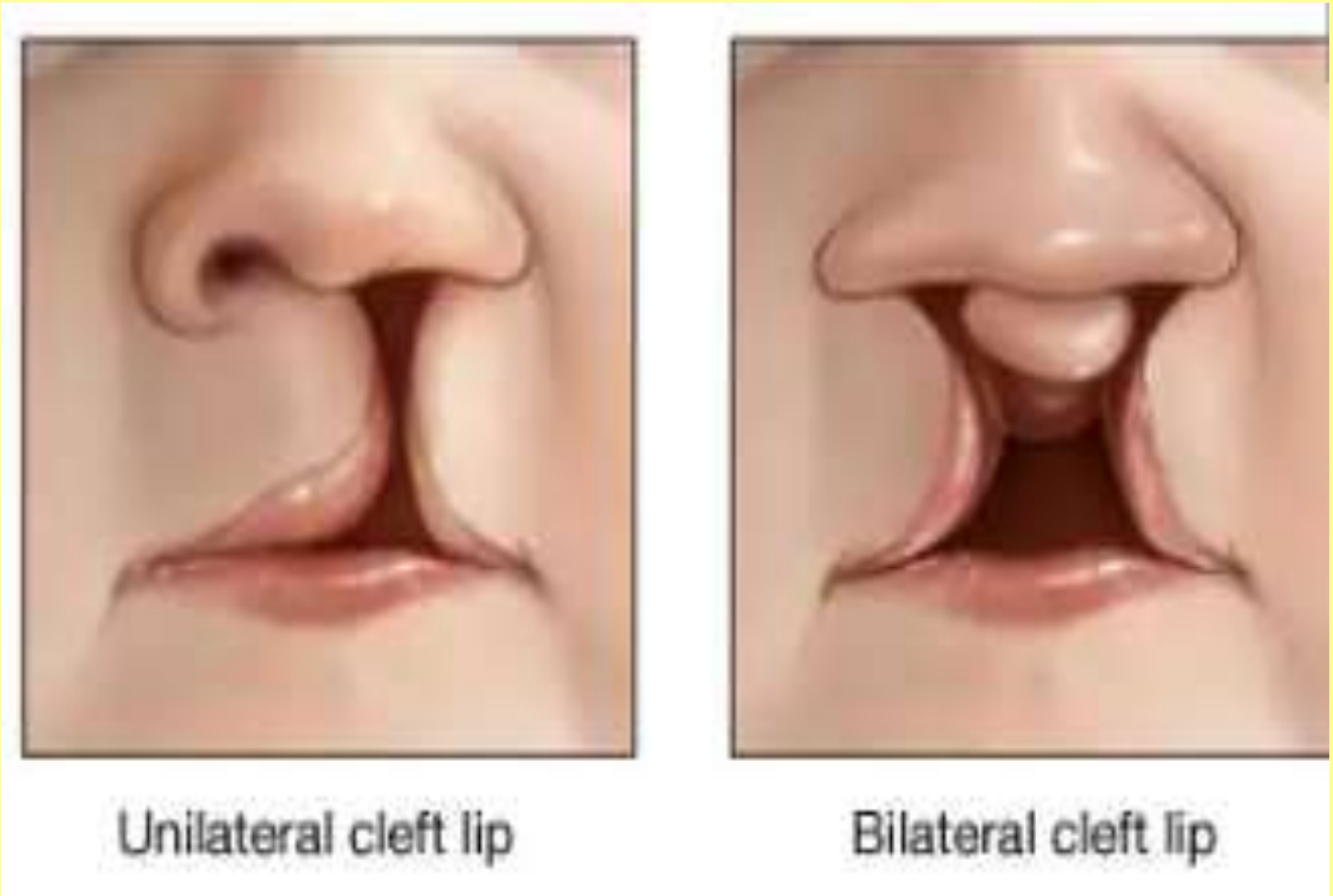
**COURSE NAME: SURGERY**

**II YEAR**

UNIT II: HEAD AND NECK

TOPIC 1:CONGENITAL ANAMOLIES

# Congenital anamolies



# Definition

- A cleft lip is an opening or split in the upper lip that occurs when developing facial structures in an unborn baby don't close completely. Cleft lip may be unilateral or bilateral. A baby with a cleft lip may also experience a cleft in the roof of the mouth (cleft palate).

# Causes

- Cleft lip and cleft palate occur when tissues in the baby's face and mouth don't fuse properly. Normally, the tissues that make up the lip and palate fuse together in the second and third months of pregnancy. But in babies with cleft lip and cleft palate, the fusion never takes place or occurs only part way, leaving an opening (cleft).
- an interaction of **genetic and environmental factors**

# Symptoms

a split (cleft) in the lip or palate is immediately identifiable at birth.

- A split in the lip and roof of the mouth (palate) that affects one or both sides of the face
- A split in the lip that appears as only a small notch in the lip or extends from the lip through the upper gum and palate into the bottom of the nose
- A split in the roof of the mouth that doesn't affect the appearance of the face

# Signs and symptoms

submucous cleft palate may include:

- Difficulty with feedings
- Difficulty swallowing, with potential for liquids or foods to come out the nose
- Nasal speaking voice
- Chronic ear infections

# RISK FACTORS

- Family history
- Exposure to certain substances during pregnancy
- diabetes mellitus

# COMPLICATION

- Difficulty feeding
- Ear infections and hearing loss
- Dental problems
- Speech difficulties

# Diagnosis

- prenatal ultrasound is a test that uses sound waves to create pictures of the developing fetus.
- Amniocentesis-The fluid test may indicate that the fetus has inherited a genetic syndrome that may cause other birth defects

# TREATMENT

- The goals of treatment for cleft lip and cleft palate are to improve the child's ability to eat, speak and hear normally and to achieve a normal facial appearance.
- Treatment involves surgery to repair the defect and therapies to improve any related conditions.

# Treatment

**Surgical treatment**

Cleft lip repair — within the first 3 to 6 months of age

Cleft palate repair — by the age of 12 months, or earlier if possible

Follow-up surgeries — between age 2 and late teen years

# Surgical treatment

**Cleft lip repair.** To close the separation in the lip, the surgeon makes incisions on both sides of the cleft and creates flaps of tissue. The flaps are then stitched together, including the lip muscles. The repair should create a more normal lip appearance, structure and function. Initial nasal repair, if needed, is usually done at the same time.

# Surgical treatment

**Cleft palate repair.** Various procedures may be used to close the separation and rebuild the roof of the mouth (hard and soft palate), depending on your child's situation. The surgeon makes incisions on both sides of the cleft and repositions the tissue and muscles. The repair is then stitched closed.

# Surgical treatment

- **Ear tube surgery.** For children with cleft palate, ear tubes may be placed to reduce the risk of chronic ear fluid, which can lead to hearing loss. Ear tube surgery involves placing tiny bobbin-shaped tubes in the eardrum to create an opening to prevent fluid buildup.
- **Surgery to reconstruct appearance-**Additional surgeries may be needed to improve the appearance of the mouth, lip and nose.

# PREVENTION

- genetic counseling
- Take prenatal vitamins
- Don't use tobacco or alcohol