

Prosthetic Management of Cleft palate in Infant

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Abstract

Patients with cleft palate undergo various problems. The management of this patient has been a challenge for many years. Rehabilitation with prosthetic treatment helps patient psychologically to increase the self-esteem, and work to lead a normal life. A basic knowledge on managing these patients makes prosthodontist better equipped in handling emergencies if they arise. Hence this review case report addresses definition, etiology, classification, team work effort, and the prosthodontic approach available for rehabilitation.

Keywords: cleft palate, prosthetic rehabilitation

1. Introduction

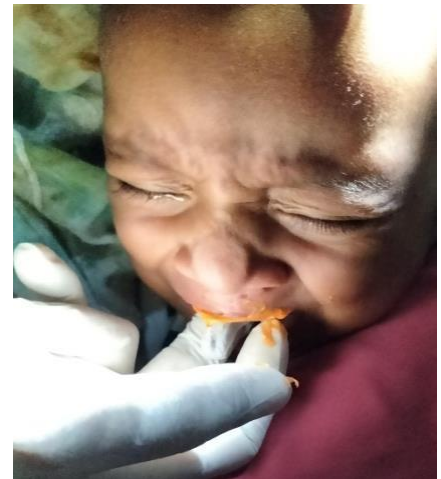
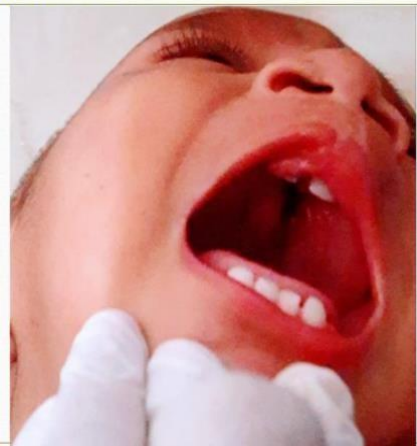
Cleft of the Lip and the Palate Is among the most common congenital anomalies requiring multidisciplinary approach. Such anomalies include several handicaps such as impaired sucking, defective speech, deafness, malocclusion, gross facial deformity severe psychological problems. Etiological factors include hereditary, environmental factor, local factor. Non Syndromic Cleft lip and palate is also included. Multidisciplinary approach for this type CLCP patients involves the services of an orthodontist, oral surgeon, prosthodontist, pediatrician, speech therapist, audiologist.

2. A patient at the age of 1 year twenty days came to the department of Prosthodontics, BSMMU with his mother, According to his mother statement had difficulty in swallowing and feeding also a gap in his upper jaw. On General Examination I found all vital parameters were normal in range. On Extraoral Examination lips were competent but scar tissue presented at the site of surgical reconstruction. Lymph nodes were not palpable. Face Form was ovoid. Facial symmetry was found symmetrical. Face profile was straight. On Intraoral Examination saliva was normal. Tongue was normal in size and color. But there is a cleft bilaterally in the midpalate including alveolus. So this was a case of surgically repaired Veau's class iv maxillary defect. So it was planned to provide a Feeding Aid prosthesis to that baby boy, so took the primary impression by digit sucking method with silicone impression material, after that beading and boxing of that impression was done with the help of beading and boxing wax. Pouring of primary cast was prepared with the help of dental stone material, over that primary cast the special tray was made, after that final impression was made and over that working cast was poured and the feeding aid prosthesis was made and after finishing, polishing the prosthesis was inserted into his mouth, a thread or floss was tied up on a precaution basis at the ending point of the prosthesis so that it would not be slipped back into the oral cavity. Some instructions were given to his mother as like to hold the thread outside the mouth during

feeding, feeding can be done with long nipple feeder, the obturator needs to be cleaned up after every feeding, after each feeding several breaks for 30 second at least is needed.

3. Making of impression and the prosthesis

a. Intra Oral View of the patient's mouth b. Primary impression with the silicone impression material



c. Primary impression

d. Pouring of cast after beading and boxing



e. Making of special tray after applying cold mold seal alginate



f. Making of final impression with alginate



g. Master Cast



h. Feeding Aid Prosthesis



g. Final insertion



3. Conclusions:

Prosthodontists are one of the members of multidisciplinary team. Prosthodontist must be able to diagnose the defect and provide and provide a preventive, interventional, and rehabilitative treatment to reduce the impact of the defect in the patient's quality of life.

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