

ROLE OF REGIONAL CENTRE FOR CLEFT LIP & PALATE MANAGEMENT IN NORTHERN PROVINCE

Cleft lip & palate are facial & oral malformations that occur very early in pregnancy.

A cleft lip happens if the tissue that makes up the lip does not join completely before birth. This causes an opening in the upper lip. The opening can be a small slit or a large opening that goes through the lip into the nose.

A cleft palate is a split or opening in the roof of the mouth. A cleft palate can involve the cleft palate can involve the hard palate (bony front portion of the roof of the mouth) and or soft palate (the soft back portion of the roof of the mouth).

Cleft lip & palate can occur on one or both sides of the mouth. Because the lip & palate develop separately. It is possible to have a cleft palate without a cleft lip, a cleft lip without a cleft palate or both, a cleft lip & cleft palate together. Rarely in the middle of the lip.

In most cases cause of cleft lip & cleft palate is unknown. most studies have been confirmed clefts due to combination of genetic such as defects with genes passed down from one or both parents and environmental factors such as infectious agents (viruses), radiation, chemical agents(Hg, Pb), drugs (thalidomide, aminopterin, anticonvulsants, trimethadione, anti-psychotic), hormones (androgenic agents, OCP, diethyl stibesterol), nutritional deficiencies, maternal disease(diabetes, phenylketonuria). it may occur along with other syndromes such as downs syndrome, klinfelter syndrome & turner syndrome.

Incidence of cleft lip (1:1000) is higher than cleft palate (1:2500).In Sri Lanka, the reported incidence was for cleft lip(1:900), and for cleft palate (1:1200).there was a predominance of girls in the cleft palate group while the cleft lip group comprised mainly boys. The left side was affected twice as often as the right side. Black children had a lower Incidence than white children.



A cleft lip & cleft palate has aesthetic & functional implications for patients in their social interactions such as affecting the facial appearance, swallowing, feeding, speech problems and hearing loss due to middle ear infections via cleft palate.

Traditionally, the diagnosis is made by physical examination at the time of birth. but nowadays, prenatal diagnosis is available to diagnose cleft lip & cleft palate in utero. For an example, USS readily diagnose cleft lip & palate abnormalities.

Patients are treated according to the standard guidelines.

Treatment protocols starts very early and there are measures that have to be taken as early as possible for long term optimal results. Therefore referral of these babies soon after birth is important. But, as you were aware, there were no facilities in the last 30 years for whole Northern Province. The affected children have been neglected for last 30 years due to the war.

The affected cleft lip & palate children have been inappropriately treated due to lack of awareness, lack of proper coordination & lack of facilities.

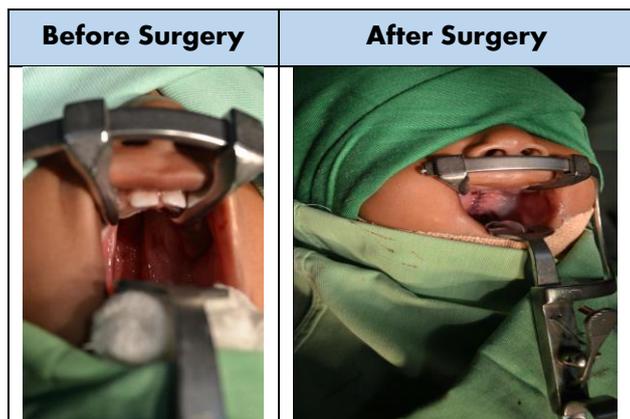
Newly established regional centre for cleft lip & cleft palate management is running smoothly with the support of RDHS Vavuniya, PDHS Northern Province and DDG ministry of health. it is providing service for the people from vavuniya, Jaffna, Mannar, Kilinochchi, Mullaitivu, and part of Anuradapura districts.

Guidelines	
Defect	Time frame (within)
Cleft Lip	3 Months
Cleft Palate	9 Months
Cleft lip& palate revision surgery	1 Year
Alveolar bone graft surgery	9 Years
Nose Correction	15 Years
Jaw deformity correction	16 -18 Years.

Regularly now this centre is getting undiagnosed new cases & secondary deformities of cleft lip & cleft palate. This remains significant cosmetic, functional, psychological and social problems.

The role of cleft lip and palate regional centre management is as follows,

- (1) Consultants Paediatricians are informed to refer cleft lip & palate children to regional centre. Up to now nearly 100 cases has been referred.
- (2) More priority is given to cleft lip & palate babies among all facial defects.
- (3) All the Patients are registered with geographic data & contact details.
- (4) Patients have been categorized according to priority.
- (5) They have been treated according to standard guidelines & multi-disciplinary team approach is followed.



Many specialists involve in MDT such as OMF surgeons, orthodontist, paediatrician, speech therapist, prosthodontists, paedodontists, ENT surgeons and Psychiatrician.

Regional centre is guided by central cleft centre, General hospital, Peradeniya, Kandy. In a 3 months' time, Patients are operated in the joint clinic of teaching hospital, Peradeniya. In addition to that, this centre is collaboratively worked with Smile Train Organization, UK, which is a charity Organization which provides support, guidance and fund for wellbeing of these babies who are having cleft lip and palate. So far more than 20 Patients have been treated. We are planning to have a continuous programme.

In 2014, we are planning to have combined workshop with Great Oman Street children hospital, UK.

This centre is the hope for the children who are suffering from birth facial defects.



“NOW THEY CAN SMILE FOREVER“