

Management Of An Infant With Veau's Class IV Cleft : A Case Report

(Dr. Dimple S. Padawe, H.O.D. Pedodontia; Dr. Vilas S. Takate, Asst. Prof.)

Introduction:

Cleft lip and palate is one of the most common developmental disorder found in humans (incidence ranges from 1 in 800 to 1 in 1200 live births). This is caused by some unknown disturbances during embryogenesis. A child born with cleft lip and palate is a cause of plethora of problems to the mother and the entire family. The management involves team work from various specialties. The role of the pediatric dentist is to provide counseling to the mother and provide for the timely needs of the child patient including adequate nutrition for the infant.

Case report:

A seven days old male infant was brought to the department of Pediatric and Preventive dentistry, GDC & H, Mumbai on 27-11-12 by his parents. Child was referred from J.J. Hospital as he was unable to take oral feed. Baby was known case of cleft lip and cleft palate. Feeding was through Ryle's tube since birth. Birth weight of baby was 2600 gms. No any other relevant medical history noted.

On examination child was having bilateral complete cleft of soft – hard palate, alveolus and lip i.e. Veau's class IV cleft.

As there was a communication between the oral and nasal cavities, a feeding plate was planned for baby which would act as a barrier as well as a pseudo palate to prevent nasal regurgitation and to aid in feeding.

Parents were explained about the procedure in detail prior to commencement of treatment. Impression of upper gum pad and cleft area made using medium fusing impression compound. Working model was made with dental stone. Separating medium applied over model to facilitate retrieval of set feeding plate. Feeding plate was fabricated using cold cure acrylic resin. 19 gauge stainless steel wire inserted in the plate which would help in easy retrieval of the plate from mouth and also to aid in stabilization of the plate along with adhesive tape (micropore).

After proper finishing and polishing of feeding plate, it was placed in the oral cavity to assess its extensions and also to check for gag reflex. After required adjustments, the parents were demonstrated for plate insertion, removal and cleaning. Parents were also instructed about proper positioning of baby and bottle while feeding. The feeding plate was then delivered and infant was recalled after 1 week.

On recall visit the baby was able to take oral feed comfortably and there were no other complaints of discomfort. The baby's weight on recall visit was found to be 2800 gms. and the parents were happy about the gain in weight.



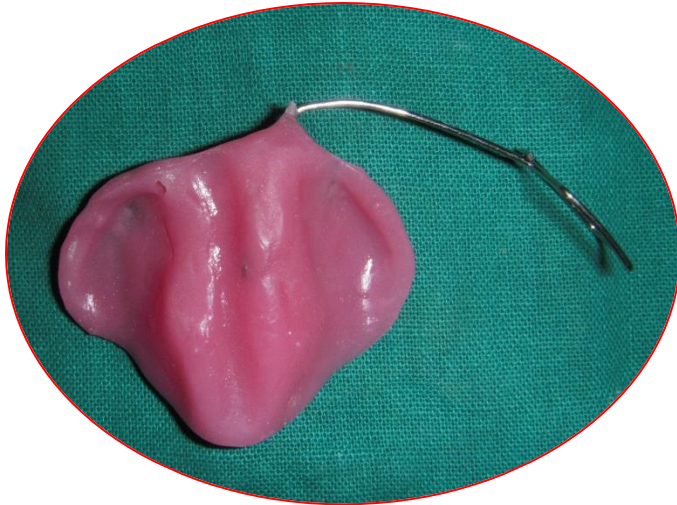
Preoperative extra oral photograph



Preoperative intra oral photograph



Impression of upper gum pad cleft region



Feeding plate



Feeding plate stabilized in oral cavity using micropore



Child taking oral feed