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RESEARCH ARTICLE

A COMPREHENSIVE REVIEW OF GUIDELINES FOR THE TREATMENT OF CLEFT LIP AND PALATE

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Abstract

Orofacial clefts represent the most prevalent craniofacial birth defects and rank as the second most common birth anomaly, surpassed only by clubfoot. The management of patients with cleft lip and palate necessitates a multidisciplinary approach. An ideal cleft team should comprise craniofacial surgeons, otolaryngologists, geneticists, anesthesiologists, speech-language pathologists, nutritionists, orthodontists, prosthodontists, and psychologists. Additionally, to ensure the capability of addressing even rare facial clefts with a high standard of care, the inclusion of neurosurgeons and ophthalmologists is essential. This comprehensive approach facilitates long-term follow-up throughout the child's development and aims to achieve several critical treatment objectives: normalization of facial aesthetics, restoration of the integrity of the primary and secondary palate, attainment of normal speech and hearing, maintenance of airway patency, establishment of class I occlusion with normal masticatory function, promotion of good dental and periodontal health, and support for normal psychosocial development.

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Introduction:-

Orofacial clefts represent the most prevalent craniofacial birth defects and rank as the second most common birth anomaly, surpassed only by clubfoot. The management of patients with cleft lip and palate necessitates a multidisciplinary approach. An ideal cleft team should comprise craniofacial surgeons, otolaryngologists, geneticists, anesthesiologists, speech-language pathologists, nutritionists, orthodontists, prosthodontists, and psychologists. Additionally, to ensure the capability of addressing even rare facial clefts with a high standard of care, the inclusion of neurosurgeons and ophthalmologists is essential. This comprehensive approach facilitates long-term follow-up throughout the child's development and aims to achieve several critical treatment objectives: normalization of facial aesthetics, restoration of the integrity of the primary and secondary palate, attainment of normal speech and hearing, maintenance of airway patency, establishment of class I occlusion with normal masticatory function, promotion of good dental and periodontal health, and support for normal psychosocial development.

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ntrolled trials.

Methodology

A comprehensive search was conducted in PubMed, Embase, and the Cochrane Library regarding cleft lip and/or palate. Out of the 150 articles identified, 25 were deemed sufficient to inform clinical practice.

Results

A limited number of randomized controlled trials (RCTs) were identified regarding cleft treatment. The experimental clinical methodologies examined in the 25 articles included infant orthopedics, rectal acetaminophen, palatal block with bupivacaine, infraorbital nerve block with bupivacaine, osteogenesis distraction, intravenous dexamethasone sodium phosphate, and alveoloplasty utilizing bone morphogenetic protein-2 (BMP-2).

Conclusion

A limited number of randomized controlled trials have been identified concerning cleft treatment, with even fewer focusing specifically on the surgical repair of this condition. This highlights the necessity for increased multicenter collaborations, particularly in the surgical domain, to minimize the diversity of treatment modalities and to guarantee that cleft patients receive evidence-based clinical practices.