

Anais



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APRESENTAÇÕES ORAIS

3D IMAGING OF THE UPPER AIRWAYS OF TREACHER COLLINS SYNDROME SUBJECTS: PRELIMINARY REPORT

Alexandre de Almeida Ribeiro, Michele Alves Garcia, Cristiano Tonello and Ivy Kiemle Trindade-Suedam

Objective: Treacher Collins Syndrome (TCS), a rare congenital craniofacial syndrome, is characterized by mandibular and zygoma hypoplasia. These craniofacial defects may reduce upper airway dimensions, impair ventilation and lead to obstructive sleep apnea. Considering that narrowing of pharyngeal dimensions may constitute a risk factor for obstructive sleep apnea, this preliminary report aimed at presenting a case series of TCS patients with severe skeletal and airway dysmorphologies. **Methods:** Five adults with TCS who underwent cone beam computed tomography for craniofacial surgery planning, were prospectively assessed. The pharyngeal volume and the minimum pharyngeal cross-sectional area were assessed using the Dolphin Imaging 11.7 software. A control group (n=5) of adults with skeletal class II malocclusion, without syndromes, was also assessed. **Results:** Volume mean values (\pm sd) observed for the TCS group and CON group corresponded to $13.7\pm 6,6$ cm³ and 25.6 ± 9.1 cm³. Minimum pharyngeal cross-sectional area means values (\pm sd) were $56,0\pm 20,2$ mm² and 114.7 ± 35.0 mm². **Conclusion:** In this report, pharyngeal volumes and minimal cross-sectional areas of TCS group were reduced in relation to that of individuals with skeletal class II malocclusion. Reduction of the minimum cross-sectional area in these cases is of special clinical interest. In face of these preliminary findings, it can be speculated that this population may be at a greater risk for obstructive sleep apnea due to the reduced pharyngeal dimensions observed. This is in accordance with the clinical respiratory complaints frequently observed. Further polysomnographic studies are still necessary for assessing respiratory profile and obstructive sleep apnea prevalence in this syndromic population.

ATYPICAL PHENOTYPE OF OPITZ GBBB SYNDROME CAUSED BY A NOVEL MID1 VARIATION

Camila Wenceslau Alvarez, Roseli Maria Zechi Ceide, Nancy Mizue Kokitsu Nakata, Siulan Vendramini Pittoli, Maria Eugenia Siemann, Chiara Migliore, Germana Meroni, Antonio Richieri Costa

Purpose: Opitz GBBB syndrome is a genetic condition that affects midline structures mainly characterized by hypertelorism, cleft lip/palate and hypospadias. MID1 variations have been described as etiology of recessive X-linked form. Here we described a male with atypical phenotype of Opitz GBBB syndrome. **Case report:** A 20-years-old male, singleton of a nonconsanguineous couple, was born at term through cesarean section after an unremarkable gestation. Presented feeding difficulties and episodes of pneumonia in childhood. Neuromotor development was normal. Physical examination at 15 years old revealed atypical phenotype of Opitz GBBB syndrome consisting of small head, brachycephaly, arched eyebrows, small and low set ears, large neck and low posterior hairline, besides the common signs of the condition (hypertelorism, cleft lip/palate and hypospadias). Molecular analysis of MID1 gene detected 1bp-insertion (c.1637_1638insT) lead to frameshift and create a premature stop codon at the SPRY domain (p.Ile547Hisfs*20). **Discussion:** The majority of Opitz GBBB-causing variations are clustered at the C-terminus of the MID1 gene corresponding to the coiled-coil region and the B30.2 domain. In previous studies, B30.2 domain was proposed as the major cause of the phenotype, while genotype-phenotype correlation was not found. **Conclusion:** These atypical features observed in this patient can be due to stochastic events or influenced by other genes, or even expand the phenotype spectrum of Opitz GBBB syndrome.

INFLUENCE OF RESPIRATORY PAUSES DURING THE SPEECH IN THE ASSESSMENT OF VELOPHARYNGEAL FUNCTION: PILOT STUDY

Flavia Ferlin, Laryssa Lopes Araújo, Andressa Sharlene Carneiro da Silva, Inge Eli Kiemle Trindade, Ana Paula Fukushiro

Objective: To verify the influence of respiratory pauses during the production of syllable and word in the analysis of velopharyngeal closure (VPC). **Method:** Pilot study with the assessment of 8 individuals with operated cleft palate, both sexes, aged between 15 to 33 years old. Rhinomanometry was performed by means of Pressure-Flow technique using the PERCI-SARS system, version 3.50 (Microtronics Corp), in order to estimate the velopharyngeal cross-sectional area during the production of the oral syllable "pa" and the word "rampa", following two different methods of evaluation, each one used in a craniofacial center. One method consists of respiratory pauses during the repeated production of the syllable and word (M1), and another method consists in the repeated production of the same stimuli, without respiratory pauses (M2), produced in a single expiration. VPC was classified according to the values of the velopharyngeal sectional area obtained in the production of the [p], as proposed by Warren (1997): adequate (0 to 0.049cm²); adequate-borderline (0.050 to 0.099cm²); borderline-inadequate (0.100 to 0.199cm²) and inadequate (≥ 0.200 cm²). The descriptive analysis of the data was performed according to the VPC classification for syllable and word of each individual, comparing M1 x M2. **Results:** According to M1, VP variation was observed between the production of the syllable and the word in 50% of the analyzed cases (4/8). For M2, there was lower VPC variation among the stimuli studied (25%, 2/8). **Conclusion:** This result suggests that respiratory pauses during speech production could influence VPC, modifying speech aerodynamics in cleft palate patients.

INFLUENCE OF USE OF REFERENCE SAMPLES DURING AUDITORY PERCEPTUAL RATINGS OF PHARYNGEAL FRICATIVE AND PHARYNGEAL STOP

Gabriela Aparecida Prearo, Thayse Benigna Dutra, Fernanda Guarnieri Santana, Viviane Cristina de Castro Marino, Maria Inês Pegoraro-Krook, Jeniffer de Cássia Rillo Dutka

Objectives: To compare raters' agreement during auditory-perceptual identification of pharyngeal fricative (PF) and pharyngeal stop (PS) between the conditions without and with use of reference sample (RS). **Methods:** A total of 54 phrases were recorded using five fricative (/f/, /v/, /z/, /ʃ/, /ʒ/) and one plosive /k/ sounds as speech stimuli. The recordings were rated by 9 evaluators grouped according to their experience in the identification of PF and PS: G1 included three students; G2 included three newly graduated Speech Language Pathologists (SLPs); and G3 included three experienced SLPs. Raters' task was to identify place of sound production with attention to presence or absence of PF and PS as produced by speakers with history of cleft palate. Interrater's agreement were established and compared between conditions with and without RS and between groups. **Results:** Mean Kappa values for G1 increased from regular (K=0.34) without RS to almost perfect (K = 0.97) with RS; for G2 agreement increased from substantial (K = 0.67) to almost perfect (K = 0.96); for G3 agreement was almost perfect in both conditions (K=0.90 and K=0.91). ANOVA indicated that there was a significant difference in mean raters' agreement between the conditions without and with RS for all sounds (/f/=p<0.001; /v/=p=0.006; /z/=p=0.014; /ʃ/=p=0.022; /ʒ/=p=0.012; /k/=p=0.001). **Conclusion:** The findings suggest that raters' agreement during identification of PF and PS increased significantly with the access to RS particularly for raters without experience with auditory perceptual identification of pharyngeal fricative (PF) and the pharyngeal stop (PS).

IS THE MAXILLARY ADVANCEMENT PROPORTION A DETERMINING FACTOR FOR VELOFARYNGEAL DYSFUNCTION IN CASES OF CLEFT LIP AND PALATE?

Franciele Aparecida Fumagali, Flávia Ferlin, Bruna Mara Adorno Marmontel Araújo, Andressa Sharllene Carreiro da Silva, Ana Paula Fukushiro

Objectives: Dentofacial deformity generates functional adaptations of the stomatognathic system, including changes in speech. Correction of maxilomandibular disproportions requires a treatment that involves orthodontics and orthognathic surgery. However, in patients with cleft lip and palate, maxillary advancement may lead to the development of velopharyngeal dysfunction. The study investigated speech resonance of two patients submitted to orthognathic surgery, with different proportions of maxillary advancement. **Clinical report:** Two female patients, 21 and 25 years old, submitted to surgical advancement of maxilla to correct dentofacial deformity. The first presented normal speech resonance and low nasalance scores (9%) suggesting balanced oronasal resonance before surgery. After surgery (1 year), the patient presented mild hypernasality, with 32% of nasalance scores, confirming the change in speech resonance after the surgical advancement. The difference in overjet measures between pre and post-surgery was 5.74mm. For the second patient, mild hypernasality and 31% of nasalance scores were observed before surgery. After surgery (1 year) there was a maintenance of the speech resonance patterns, with mild hypernasality and nasalance scores of 36%, despite the accentuated maxillary advancement comparatively to the first patient. The difference between pre and post-operative overjet was 9.89mm. **Conclusion:** When comparing the two cases analyzed, it was observed that the proportion of maxillary advancement was not a determining factor for the deterioration of velopharyngeal function. Other factors related to the functioning of velopharyngeal mechanism should be involved and should be part of the preoperative guidelines.

NONSYNDROMIC CLEFT PALATE: PHENOTYPES, FAMILIAL RECURRENCE AND GESTATIONAL HISTORY

Thais Francini Garbieri, Jose Francisco Mateo Castillo, Carlos Ferreira dos Santos, Lucimara Teixeira das Neves

Objectives: To investigate and describe the phenotype variations for nonsyndromic cleft palate (CP), also the genetic factors related to recurrence through family history and environmental factors by means of gestational history. **Methods and Results:** This retrospective study analyzed 165 medical records of individuals with isolated nonsyndromic CP registered at the Hospital for Rehabilitation of Craniofacial Anomalies (HRAC-USP). Females were majority with 106 cases (64.24%) and the predominant type of CP was incomplete corresponding to 88.48% of the total sample, and among these incomplete CP, the clefts involving partial hard palate were the most prevalent. A small group (n=5) presented a phenotype variation little known. Familial recurrence was observed in 28.47% of 144 cases where information was available and in most cases there was only one other affected family member. The average age of mothers and fathers at conception was 26.9 and 31.4 years respectively. The percentage of previous abortions was 11.95% of the 92 reported cases and parental consanguinity was found in 3.29% of the 91 reported cases. The most frequently gestational intercurrent reported was the consumption of medication during pregnancy (25 in 154 reported cases). **Conclusion:** In this investigated group with nonsyndromic CP, the most common phenotype was incomplete CP (partial hard palate), and a small group presented a different phenotype variation. The percentage of familial recurrence was considerable. The consumption of medication during the pregnancy and the prevalence of the previous abortions were the data that called more attention in the gestational history.

OCCURRENCE OF PALATAL FISTULA AFTER PRIMARY PALATOPLASTY IN A RANDOMIZED CLINICAL TRIAL

Telma Vidotto de Sousa Brosco, Gabriela Aparecida Prearo, Hagner Lúcio de Andrade Silva, Maria Inês Pegoraro-Krook, Jeniffer de Cássia Rillo Dutka

Objective: Contribute with information about occurrence of fistula after primary palatoplasty in patient with unilateral cleft lip and palate (UCLP). The objectives included: to describe occurrence of fistula in a group of 466 patients with UCLP; to compare fistula outcome between surgical techniques at palatoplastias and between surgeons; to verify the relationship between fistula cleft width and use of relaxing incision at palatoplasty. **Methods:** Data for this study were retrieved from patients charts and grouped according to technique at primary palatoplasty. Outcome was analyzed using Chi-Square Statistics. **Results:** The findings indicated that 16% of the patients studied presented palatal fistula posterior to the incisive forame. The occurrence of fistula for the group that received the Furlow procedure (20,6%) was significantly higher ($p=0.032$) than the group that received the Langenbeck procedure (11,7%). The incidence was related to the surgeon ($p=0.004$) and cleft width ($p=0.031$). The differences related relaxing incisions were not significant. **Conclusion:** Fistula occurrence was greater for the patients who received primary palatoplasty with the Furlow technique. An association was found between fistula outcome and cleft width and surgeons' ability.

OROFACIAL FUNCTIONS IN THE PRESENCE OF TONGUE MALFORMATION: CASE REPORT

Isabela Possignollo da Silva, Jéssica Pereira, Andressa Sharllene Carneiro da Silva, Ana Paula Fukushima

Objectives: to describe the performance of orofacial functions in case of rare congenital malformation of tongue and palate and maxillomandibular discrepancy, before and after orthognathic surgery. **Case report:** female patient, 17 years old, presenting tongue congenital malformation, characterized by tongue collapse to the right portion of the buccal floor, palatal asymmetry and retrognathism, with indication of orthognathic surgery. Before and after surgery, orofacial myofunctional assessment was held, by means of MBGR Protocol (Genaro et al. 2009). Prior to surgery, important structural orofacial disorders related to the congenital malformation were verified, with repercussions on the roles of chewing, swallowing and speech. However, the patient developed efficient functional adaptations reflecting, for example, in satisfactory speech intelligibility. Six-months after surgery for the management of maxillomandibular discrepancy, in addition to the aesthetic benefit, orofacial functions presented mild improvement, referring to speech therapy to assist in the rehabilitation process. **Conclusion:** the presence of severe anatomo-functional tongue changes led to important functional disorders in the case studied. Orthognathic surgery provided better structural conditions for the performance of the orofacial functions. Speech therapy in order to assist in the functional adaptations may provide benefits to breathing, chewing, swallowing and speech.

OUTCOMES OF ALVEOLAR BONE GRAFT WITH AUTOGENOUS BONE OF SYMPHYSIS IN COMPLETE CLEFT LIP AND PALATE

Claudia Resende Leal, Roberta Martinelli Carvalho, Daniela Gamba Garib

Objective: to evaluate the outcomes of alveolar bone grafts performed with autogenous bone of symphysis. **Methods:** cross-sectional study with 40 individuals (mean age 14,02 years) submitted to alveolar graft with autogenous bone of symphysis in late mixed or early permanent dentition. Periapical radiographs were obtained before and 6 months (mean 5,92 months) after surgery. Surgeries were performed by 1 experienced maxillofacial surgeon. The alveolar grafts were assigned as success or failure by one rater based on the modified Bergland scale. **Results:** Of the 40 digital periapical radiographs analyzed, 33 (82,50%) were classified as index A (100% filling of the alveolar bone defect), 6 (15%) were classified as index B (marginal defect up to 1/4 of the root length), and 1 was classified as index C (2,5%) (marginal defect greater than 1/4 of root length). **Conclusion:** in this study, the alveolar graft with autogenous symphysis bone presented satisfactory radiographic outcomes.

THE INFLUENCE OF PAINTING TECHNIQUE AND SEALING MATERIAL ON THE MIRRORING OF OCULAR PROSTHESES

Raíra de Brito Silva, Bruna Gabriela Araújo Ximenes, Thais Chistina Souza Emídio, Célia Marisa Rizzatti Barbosa

Aim: The shortage of detailed analysis of ocular prosthesis's "mirroring and sealant", got us to test through an in vitro study, whether iris painting technique and sealant material affect the prosthetic eyes. **Methods:** Sixty specimens were tested by the following groups (n = 10): DS (direct paint technique / vinyl acetate sealing); DM (direct painting technique / sealing with monopoli); DC (direct painting technique / cyanoacrylate and polymer sealing); IS (indirect painting technique / vinyl acetate sealing); IM (painting technique direct / sealing with monopoli), IC (indirect painting technique / cyanoacrylate and polymer sealing). The quantitative analysis for the mirroring was performed by a stereomicroscope and by the software "Image J". The qualitative analysis was carried out in the scanning electron microscope to show the behavior between the resin/ink/seal layers of each study group, previously cut in half. **Results:** The mean of mirroring as function of sealing material and painting technique for direct technique (9.75mm²) was better than the indirect (13,87mm²). Among the sealing materials, DS group was the best because had no mirroring (0mm²), while the IS group had an extensive average of mirroring (34.84 mm²). The qualitative data showed the most harmonic and crack-free relationship between the acrylic cap and the paint and with the sealant material and the scleral resin for the DS Group. **Conclusions:** The direct technique with acrylic paint and vinyl acetate as a sealant material presented the lowest indexes of mirroring, so it is the best results for clinical application.

APRESENTAÇÕES DE PAINÉIS

3D RECONSTRUCTION OF THE UPPER AIRWAYS OF INDIVIDUALS WITH SYNDROMIC CRANIOSYNOSTOSIS: A CASE SERIES

Michele Alves Garcia, Alexandre de Almeida Ribeiro, Cristiano Tonello and Ivy Trindade-Suedam

Objective: Individuals with craniosynostosis (CS) usually present with respiratory complaints probably due to anatomic upper airway abnormalities, which may lead to impaired ventilation, snoring and sleep apnea. Considering that reduced pharyngeal dimensions are a predisposing factor for obstructive sleep apnea, the aim of the present study is to present a case series of CS patients with very severe upper airway volume reduction. **Methods:** Three individuals with CS, aged 16 to 31 years, who underwent cone beam computed tomography for craniofacial surgery planning, were prospectively evaluated. The pharyngeal volume and the minimum pharyngeal cross-sectional area were assessed by means of the Dolphin Imaging 11.7 software. A control group (CON) (n=26) of adults with skeletal class III malocclusion, without syndromes, was previously assessed (Trindade-Suedam et al 2017). **Results:** Mean values (\pm sd) of Volume for groups CON and CS corresponded to 27.3 ± 9.4 and $7.0\pm 3.5\text{cm}^3$, respectively. Minimum pharyngeal cross-sectional areas mean values (\pm sd) corresponded to 200.9 ± 113.9 and $20.0\pm 7.8\text{mm}^2$. **Conclusion:** In this case series, pharyngeal volumes and minimal cross-sectional areas of adults with craniosynostosis were considerably smaller than that of individuals with skeletal Class III malocclusion. These results suggest a greater chance of pharyngeal collapse for the CS individuals and indicate that they are at risk for obstructive sleep apnea. Further polysomnographic studies are necessary for assessing obstructive sleep apnea prevalence and severity in this specific population.

ANALYSIS OF GENETIC SIMILARITY BETWEEN ZIKA VIRUS AND GENES ASSOCIATED WITH OROFACIAL CLEFTS

Kaique Cesar De Paula Silva, Thiago Silva Messias and Virginia Bodelão Richini Pereira

Objective: To a whether there is similarity between Zika virus (ZIKV) and human genes associated with orofacial clefts by using Bioinformatics software. Methods and Results: BLAST software (Zhang Z et al, J Comput Biol, 2000) was run for analysis of similarity between ZIKV (strains KU321639, KU729218, KU527068) and genes associated with orofacial cleft. Significant similarity (e-value <1.0) was found between regions of the viral NS3 and regions of the human Shootin 1 (SHTN1) gene located on 10q25.3. NS3 is a protease similar to the human protease trypsin (Lee H et al, Antiviral Res, 2016); taking such similarity into account, ExPASy PeptideCutter tool (Gasteiger E et al, Humana Press, 2005) was used, confirming a potential protein cleavage between NS3 and SHTN1 product. This gene is cited as a candidate for the development of lip and palate cleft (Mangold E, Nat Genet, 2010; Ludwig KU, Nat Genet, 2012). Conclusion: Considering the potential cleavage of SHTN1 products by viral NS3, proteomics and molecular biology studies applied to the isolated region can evidence and complement such data.

ANKYLOGLOSSIA SUPERIOR SYNDROME: A FORM OF THE OROMANDIBULAR-LIMB HYPOGENESIS SYNDROME

Danilo Augusto Nery Dos Passos Martins, Roseli Maria Zechi Ceide and Cristiano Tonello

Objectives: Under the spectrum of the oromandibular-limb hypogenesis syndrome, the ankyloglossia superior syndrome is an unusual condition defined by the coexistence of limb defects and glossopalatine ankylosis. This situation may promote important closure or limited access to the oral cavity and needs to be adequately managed from the point of view of the upper airway and dysphagia. We report an extremely rare case within this context. **Resumed report:** A boy was diagnosed at birth with narrow palpebral fissures, micrognathia and tongue adhered to the hard palate. Anomalies were also observed in the upper limbs, such as clinodactyly of the 5th finger of both hands, and in the lower limbs, with mesomelic shortening of the legs, clubfoot, rudimentary toes of both feet, with syndactyly (2nd to 5th) in the right and ecyrodactyly (2nd to 4th) in the left. The fibronasopharyngolaryngoscopy showed presence of submucous cleft of the soft palate, bifid uvula and omega-shaped epiglottis. There was no glossoptosis. Nutrition was performed via nasoenteral feeding tube until the surgery. At 32 days of age, the patient was intubated guided by nasofibroscope and underwent glossoplasty. He presented a good postoperative evolution at 7 months of age with adequate coordination of swallowing. **Conclusion:** The etiology of these malformations remains unknown. The classification of the oromandibular-limb hypogenesis syndromes within a specific type is difficult due to the frequency of overlapping features. Particularly, the ankyloglossia superior syndrome represents a potential challenge in the management of the airway and dysphagia of the newborn.

ASSESSMENT OF THE CLEFT LIP AND PALATE WIDTH ASSOCIATED WITH BONE FORMATION AFTER SECONDARY ALVEOLAR BONEGRAFTING IN PERIAPICAL RADIOGRAPHS

Rafaela Ferlin, Bruna Stuchi Centurion Pagin, Ingrid Araújo de Oliveira Souza, Marina de Almeida Barbosa Mello, Marina Prado Monson Santana Takahashi and Renato Yassutaka Faria Yaedú

Objective: To evaluate the relationship between the width of the bone defect in the preoperative secondary alveolar bone graft (SABG) and the bone formation in the postoperative in periapical radiographs from unilateral cleft lip and palate individuals. **Methods:** The study selected periapical radiographs before and after SABG from 595 patients. In the radiographs realized before the SABG the width of the cleft was measured using linear measurements of the anatomical repairs adjacent to the bone defect: in the cervical, medial and apical regions. For the evaluation of bone formation in the radiographs after the SABG, a standardized scale was used based on scales of literature, distinguished into 4 groups: I-bone formation with 75% between the roots of the teeth adjacent the slit; II-bone formation in up to 50% between the roots; III-less than 50% of bone formed and IV-no bone bridge formed through the cleft. **Results:** applying statistical and probabilistic tests: there were statistical significant difference ($p < 0,05$). Comparing groups I and III in the cervical region there was a double chance of bone repair in defects smaller than 5mm, and in medial region comparing group II and IV there was significant statistical difference with double chance of bone repair in cleft less than 6mm. **Conclusion:** There was statistical significant difference in the cervical and medial regions cleft width. In such a manner, for the groups I and II, the defects lesser than 5mm presented higher success rates for bone formation.

ATYPICAL PHENOTYPE CAUSED BY COMPLEX CHROMOSOME REARRANGEMENT IN 5P15

Rosana Maria Candido De Souza Sandri, Roseli Maria Zechi Ceide and Antonio Richieri da Costa

Aim: The aim of this study was to determine whether genetic polymorphisms on genes MMP-2 and MMP-3 involved in inflammatory response is associated with persistent apical periodontitis (PAP) after endodontic therapy in individuals with cleft lip and/or palate. **Methods and Results:** One hundred and eighty individuals were selected, divided in: GI: 34 individuals with cleft lip and/or palate, nonsyndromic, with PAP; GII: 45 individuals without cleft lip and/or palate, nonsyndromic, with PAP, GIII: control group composed of 101 individuals without cleft and without report of PAP. The inclusion criteria for PAP diagnosis considered PAI index of 4 and 5, analyzed on control periapical radiographies one year or more after treatment. Five polymorphisms were selected for genotyping, in the MMP-2 gene (rs243865, rs2285053 e rs2287074) and in the MMP-3 gene (rs679620 e rs522616). Results were analyzed on the software SDS 1.7 (Applied Biosystems) and data were tabulated on 8.0 Excel program. Comparison among genotype frequencies and alleles was performed by the qui square test and Odds Ratio with 95% confidence. **Conclusions:** Among the genetic polymorphisms evaluated in this Brazilian group, positive association was only observed between rs679620 on MMP-3 gene with cleft lip and palate and PAP only when compared with PAP group and without cleft lip and palate, and positive association was also observed on rs522616 MMP-3 gene with PAP and without cleft lip and palate, only when compared to control group.

AURICULAR MALFORMATION AND HEARING LOSS IN OCULOauriculovertebral SPECTRUM

Bruna Tozzetti Alves, Melissa Zattoni Antoneli, Cristiano Tonello, Luiz Fernando Manzoni Lourençone, Tyuana Sandim da Silveira Sassi, Siulan Vendramini Paulovich Pittoli and Mariza Ribeiro Feniman

Introduction: Oculoauriculovertebral spectrum (OAVS) or hemifacial microsomia is a congenital craniofacial disorder involving structures derivated from first and second pharyngeal archs. Clinical presentation is highly variable and main craniofacial findings involve microtia, mandibular hypoplasia, epibulbar dermoid and vertebral anomalies. External, middle and inner ear can be affected in this condition and microtia with external auditory canal atresia is the most common ear finding. Conductive and mixed hearing loss are commonly described. **Objective:** To describe and correlate auricular malformation and hearing loss in individuals with OAVS. **Methods:** In a retrospective transversal study model, 25 clinical charts of patients with OAVS were reviewed after Research Ethics Committee approval (1.818.192). Data related to genetic diagnosis, microtia classification, hearing antecedents, tonal and vocal audiometry and timpanometry were collected. **Results:** Hearing loss was found in 83% ears with microtia, a statistically significant association. Conductive hearing loss was found in 66% ears with type 1 microtia. Type 2 microtia caused mixed (80%) and conductive (20%) types. Type 3 microtia caused conductive (52%) and mixed (47%) types. Hearing loss degree was mild in most ears with type 1 microtia (66%) and severe in most ears with type 2 and 3 (80%). CT scan of the temporal bones revealed middle ear malformation in types 2 and 3 microtia. **Conclusion:** Microtia is associated with hearing loss in most OAVS cases. Hearing loss type and degree apparently deteriorated as the microtia type increased. Attention should be given to cases with mild ear malformation, since hearing loss may be also present.

BRAZILIAN PORTUGUESE VERSION OF IMPACT ON FAMILY SCALE: A STUDY OF VALIDITY

Flávia Maria Ravagnani Neves Cintra, Maria de Lourdes Merighi Tabaquim and Gisele da Silva Dalben

Objectives: This study assessed the psychometric properties of the short-form, 11-item Impact on Family Scale (IOFS-11). **Methods:** The Portuguese version of the Impact on Family Scale questionnaire was applied to 150 Brazilian mothers of children with cleft lip and palate aged 3 to 36 months. An Item Response Theory was performed, since a single factor solution was confirmed by the Confirmatory Factor Analysis, to assess the contribution of each item to the scale or construct. **Results:** Among the 11 items, 7 had α greater than 1.00. The 4 items with α smaller than 1 ranged from 0.45 to 0.91; all these items also had poor item characteristics and item information curves. However, when all 11 items were considered in combination (summated scores), they produced excellent test information and measurement error curves. **Conclusions:** The Portuguese version of the Impact on Family Scale questionnaire exhibited very good psychometric properties. This scale is a promising, easy-to-use instrument to assess the impact of illness and disability on families of children with cleft lip and palate.

CLINICAL AND THREE-DIMENSIONAL ASSESSMENT OF THE PALATE IN ADULTS WITH CLEFT LIP AND PALATE

Andréia Fernandes Graziani, Marília Yatabe, Ivy Kiemle Trindade-Suedam and Katia Flores Genaro

Introduction: Primary surgeries to repair cleft lip and palate (CLP) can reduce the transversal dimension of the maxilla and causes dentofacial deformity, which compromises orofacial functions. Since this condition affects the balance of the stomatognathic system, functional examination is essential and requires the analysis of the structural aspect to understand the resulting muscular adaptations. **Objective:** To verify the correlation between the orofacial myofunctional and three-dimensional assessment of the palate dimensions in individuals with CLP. **Methods:** The sample comprised 27 young adults, both genders, with repaired cleft lip and palate (mean age= 23.6 years). The clinical analysis of the palate depth and width was obtained through the application of a validated orofacial myofunctional examination protocol and the results were compared to digital scanned models (3D) and assessed by two examiners (speech-language pathologist and orthodontist) through 3D Slicer software. The intraclass correlation coefficient (ICC) was used to verify the inter-examiner agreement and Kappa test was used to compare clinical and digital assessments. **Results:** A high ICC value (> 0.90) was observed in the analysis of palate width and depth, demonstrating excellent inter-examiner agreement. The comparison of the two methods for palate measurement showed a moderate agreement for width and almost perfect for depth. **Conclusion:** The correlation between myofunctional orofacial and three-dimensional assessment indicates that the clinical examination is a reliable method for the analysis of the palate morphology, a relevant aspect to identify alterations that influences the orofacial functions.

CLINICAL CASE REPORT: OCCUPATIONAL THERAPY ROLE ON INFANT WITH PATAU SYNDROME

Juliani Marcandeli Mansano, Mayara Cristina Alves da Silva, Luiza Souza Bukvic, Caroline Duchatsch Ribeiro de Souza and Márcia Cristina Almendros Fernandes Moraes

Purpose: To promote a welcome to the mother and infant through humanization actions; evaluate the neuro-motor development using the Denver Developmental Screening Test (DDST) and Alberta Infant Motor Scale (AIMS); to guide the neuro-psychomotor stimulation; manufacture orthoses for upper limbs and to apply “Shantalla” massage. **Case report:** Infant, female, white race, gestational age of 39 weeks, caesarean section. The mother had prenatal follow up and did not get an appropriate nutrition during the pregnancy. She had high blood pressure and took medicine. The Apgar score was 5/6/8. It was pointed meconium aspiration syndrome, pneumonia and seizures. The baby had to get blood transfusion. After 48 hour of birth it was necessary to make an orotracheal intubation e the baby was referred to the Hospital for the Rehabilitation of Craniofacial Anomalies – HRAC/USP. The clinical data refers to cleft lip scar, cleft palate, hypoflow on the medium arterial brain segments, scalp anomaly on the parieto-occipital region, narrow eyelid cleft, left eyelid ptosis, bulbous nose tip, small ears with low sets, congenital cardiopathy, hand postaxial polydactyly, kidney cists and bicornate uterus. The diagnostic hypothesis is an abnormality on chromosome 13. The surgeries performed were: cardioplasty, gastrostomy and tracheostomy. **Conclusion:** The proposed action offered improved emotional bond and care reliability between the mother and the baby. It was observed that the use of orthoses improved the movement and position of the hand. The characteristic humanitarian aspects of the occupational therapy actions improved the quality of life among the people evolved during the hospitalization process.

COMPARATIVE ANALYSIS OF VELOPHARYNGEAL ACTIVITY ASSESSED BY ACOUSTIC RHINOMETRY AND NASOENDOSCOPY

Andressa Sharllene Carneiro Da Silva, Bruna Mara Adorno Marmontel Araújo, Ana Cláudia Sampaio-Teixeira, Renata Paciello Yamashita and Inge Elly Kiemle Trindade

Objective: To compare velopharyngeal (VP) activity of subjects with VP dysfunction (VPD) by acoustic rhinometry, to the activity observed by nasoendoscopy. **Methods and Results:** This was a prospective clinical study conducted in 25 adults, both genders, with repaired cleft palate, with or without a previously repaired cleft lip, and residual VPD. The outcome measures were nasopharyngeal volume change (ΔV) during the production of the velar plosive [k] compared to the rest condition, measured by rhinometry, and VP closure pattern and VP movement, rated by blinded judges by observing nasoendoscopy recordings. A mean ΔV decrease of 15% was observed, which was significantly lower ($p < 0.05$) than the observed in subjects without cleft reference (30%). In 72% of patients reduction was $< 3\text{cm}^3$, compatible with VPD diagnosis, and in 28%, there was a change $\geq 3\text{cm}^3$, despite VPD. A circular gap (CI) was observed in 76% of patients and a coronal gap (CO) in 24%. The VP movement was judged to be adequate (A), moderate (M) and inadequate (I) in 64%, 24% and 18%, respectively. ΔV did not differ between CI and CO and between A, M and I. A tendency for a ΔV increase with increasing VP movement was observed. Absolute agreement between the two methods was observed in 56% of patients. **Conclusion:** Rhinometry was able to identify the impairment of VP activity in most subjects. However, ΔV changes showed no correlation with the pattern and range of VP movement, possibly due to methodological issues. Additional studies are needed to define the rhinometric test's accuracy in identifying VPD.

COMPLICATIONS OF RADIOGRAPHS OF MAXILLARY ANTERIOR TEETH FOR ENDODONTIC TREATMENT IN INDIVIDUALS WITH COMPLETE UNILATERAL CLEFT LIP AND PALATE

Sávio Brandelero Junior, Daniela Alejandra Cusicanqui Mendez, Lidiane de Castro Pinto and Gisele da Silva Dalben

Objectives: The particular anatomy of the palate in these individuals, after reconstructive surgeries, represents a challenge for correct positioning of radiographic films, requiring technical modifications. Endodontics is a dental specialty that requires the achievement of several radiographs during treatment, which should be accurate and without distortions, to allow correct root canal instrumentation and obturation at the proper working length. This study assessed the complications observed during radiography in individuals with complete unilateral cleft lip and palate, analyzing the number of radiograph repetitions and errors involved. **Methods:** The sample consisted of 27 individuals attending the Hospital for Rehabilitation of Craniofacial Anomalies (HRAC/USP), submitted to endodontic treatment of maxillary anterior teeth. The study analyzed the radiographic technique used, number of radiographies requiring repetition in each endodontic treatment step, and the errors observed on radiographies. **Results:** The results revealed that, among the 27 individuals in the sample, 16 were males. The sample added up to 217 radiographs. The prevailing age range was 10 to 20 years (37.03%). The greater number of repetitions was observed for odontometry and gutta percha testing. The most frequent error was image elongation, observed on 65 radiographs, followed by image trimming, with means of 2.4 and 2.2 per individual, respectively. **Conclusions:** Individuals with complete unilateral cleft lip and palate present complications in radiographies because of their anatomic characteristics. Further studies are suggested to evaluate other techniques to determine the working length, in an attempt to reduce the number of radiographies taken during endodontic treatment of these individuals.

CORRELATION BETWEEN RELIGIOSITY, SPIRITUALITY AND QUALITY OF LIFE OF ADOLESCENTS WITH CLEFT LIP AND PALATE

Francely Tineli Farinha, Fábio Luiz Banhara, Gesiane Cristina Bom, Gabriela Favaro Marques da Cunha, Raissa Janine de Almeida and Armando dos Santos Trettene

Objective: To correlate spirituality and religiosity with the quality of life of adolescents with cleft lip and palate. **Methods:** A cross-sectional study developed in a tertiary hospital encompassing two groups, case and comparative. The case group consisted of 40 adolescents with cleft lip and palate, while the comparison group was composed of 40 adolescents without cleft lip and palate. For data collection, a Sociodemographic Questionnaire was employed, the Durel Religiosity Scale and the World Health Organization Quality of Life - Bref (WHOQOL-Bref). For statistical analysis, the Mann-Whitney, Chi-Square, Student-t test and Pearson's correlation tests were employed. The level of significance adopted for all tests was 5% ($p \leq 0.05$). **Results:** Organizational religiosity was significantly higher in the case group ($p=0.031$). The overall quality of life was significantly higher in the case group ($p=0.012$). Concerning domains related to quality of life, it was observed that the Environment was significantly higher in the case group ($p < 0.001$). When religiosity and spirituality were correlated with quality of life, non-organizational religiosity presented a strong correlation with organizational religiosity ($r=0.62$, $p < 0.001$). In relation to spirituality, there was a moderate correlation with non-organizational religiosity ($r=0.44$) and with organizational religiosity ($r=0.43$) ($p=0.005$ and $p=0.006$, respectively). When correlating the domains related to quality of life with religiosity and spirituality, a moderate correlation between spirituality and overall quality of life was identified ($r=-0.35$, $p=0.026$). **Conclusion:** Adolescents with cleft lip and palate with higher scores of spirituality, presented a better perception of their quality of life.

CORRELATION BETWEEN STRESS, OVERLOAD AND QUALITY OF LIFE IN INFORMAL CAREGIVERS OF INFANTS WITH CLEFT LIP AND PALATE, WITH DYSPHAGIA, USING FEEDING TUBE

Gesiane Cristina Bom, Francely Tinely Farinha, Gabriela Favaro Marques da Cunha, Marcia Maria Donato Barros Maria Júlia Costa de Souza, Armando dos Santos Trettene and Cleide Carolina Demoro Mondini

Objective: To correlate stress and overload to the quality of life of informal caregivers of infants with cleft lip and palate, with dysphagia, using feeding tube. **Methods:** A cross-sectional study developed at the Hospital for Rehabilitation of Craniofacial Anomalies, comprising two groups: case and comparative. The group consisted of 30 informal caregivers of infants with cleft lip and palate, with dysphagia, using a feeding tube, and the comparison was composed of 30 informal caregivers of infants without oral cleft lip and palate. For data collection, we used: Sociodemographic Questionnaire, Bourden Interview Scale, Stress Symptom Inventory for Adults and WHOQOL-Bref. For the statistical analysis, Chi-Square and Pearson's correlation tests were used, both with a significance level of 5% ($p \leq 0,05$). **Results:** Stress was significantly higher in the case group ($p < 0.001$), in the resistance phase (80%) and with a prevalence of psychological symptoms (72%). The overload was significantly higher in the case group ($p = 0.01$) while overall quality of life was significantly higher in the control group ($p = 0.04$). Regarding domains related to quality of life, there was no difference between the groups. When correlating the domains related to quality of life with stress and overload, a correlation was identified between overload and quality of life referring to the physical domain ($p = 0.034$). **Conclusion:** Informal caregivers of infants with cleft lip and palate, with dysphagia, using a feeding tube, presented higher levels of stress and overload and worse perception of their quality of life.

DATA MINING: A SYSTEM FOR SUPPORTING CLINICAL RANDOMIZED STUDY IN A CLEFT LIP AND PALATE HOSPITAL

Patrick Pedreira Silva, Jeniffer Cassia Rillo Dutka and Elvio Gilberto da Silva

Introduction: Data Mining is an interdisciplinary area focusing upon methodologies for extracting useful knowledge from data. The objective of this research was to establish an electronic database for the use of data mining methodologies in the context of cleft lip and palate, considering data from Florida Project (ECR data). **Methods:** From the access to the database, study variables were identified in a data dictionary including: variable information and validation rules. An access interface will be created, so users can view, edit and insert new data, as well as perform queries and exports for statistical analysis. **Results:** In the platform under construction the migration process is performed with the support of algorithms designed to enable export between the previous database and the Database Management System created for this project using Structured Query Language (SQL). **Conclusion:** A new management and data mining platform is in the implementation phase and can be used to manage new projects related to cleft lip and palate.

DENTAL PHENOTYPES IN THE NON-SYNDROMIC PIERRE ROBIN SEQUENCE

Jose Francisco Mateo Castillo, Thais Francini Garbieri, Izabel Maria Marchi Carvalho and Lucimara Teixeira das Neves

Objective: to investigate the prevalence and to describe the dental phenotypes in Brazilian individuals with nsPRS. **Methods:** This retrospective study evaluated 110 individuals registered at HRAC-USP with confirmed nsPRS diagnosis, aged more than 11 years old. A total of 302 radiographies were digitized and analyzed to diagnose the dental phenotypes: taurodontism, tooth agenesis, root laceration, tooth transposition. For the specific diagnosis of taurodontism, linear measurements were employed using the software Image J. Descriptive statistics was used for data analysis. **Results:** among the 110 individuals with nsPRS, 94.54% showed at least one type of dental anomaly. Taurodontism was the most prevalent anomaly (92.72%), followed by tooth agenesis and root laceration, with 22.72% and 15.45% respectively, and only one case of tooth transposition (0.91%). **Conclusion:** Among the dental phenotypes analyzed, taurodontism was the most prevalent, mainly affecting the upper molars. Tooth agenesis was the second most prevalent anomaly, affecting mainly the lower premolars. Relevant differences between dental phenotypes, types of cleft and between genders were not observed, except for root laceration, which showed preference for the female gender. From the results obtained, it was possible to demonstrate that there is a high frequency of dental phenotypes in Brazilian individuals with nsPRS, which can cause considerable clinical implications in the accomplishment of rehabilitative dental treatment.

DENTAL REHABILITATION OF CLEFT LIP AND PALATE: WHAT HAPPENS TO THE LATERAL INCISOR?

Guida Paola Genovez Tereza, Marcos Antônio Corrêa dos Santos, Vivian Patricia Saldias Vargas Winckler, Ana Lúcia Pompeia Fraga de Almeida and Gisele da Silva Dalben

Objective: This study analyzed the maintenance of lateral incisors in the rehabilitation of individuals with clefts. **Material and Methods:** The study retrospective analyzed all panoramic and periapical radiographs available of individuals with non-syndromic complete unilateral cleft lip and palate, from the first to the last close to 12 years of age. Overall, 2,826 records were reviewed to achieve a sample of 1,000 individuals, among which 487 presented permanent lateral incisors on both cleft (CS) and non-cleft sides (NCS), who were assessed in this study. The results were evaluated by percentages and descriptive statistics. **Results:** The association between maintenance of lateral incisor and timing of alveolar bone graft was analyzed by the t test. Among individuals, 265 had not completed treatment, 62 presented insufficient information and 44 concluded treatment elsewhere. Among the remaining 116, the lateral incisor was extracted in 88 (75.86%) on CS and 23 (19.83%) on NCS. The timing of alveolar bone graft was significantly associated with maintenance of lateral incisor on CS ($p < 0.01$). Most extractions were due to inadequate positioning on CS and for midline correction on the NCS. Rehabilitation was primarily completed by orthodontic movement (53 on CS and 13 on NCS). **Conclusion:** The lateral incisor on the CS was not maintained in most individuals. There was positive relationship between extraction of lateral incisor and timing of alveolar bone graft, suggesting the need to anticipate the initial evaluation to allow its maintenance and reduce the burden of care.

DIAGNOSIS OF FISSURE IN PREGNANCY: MAIN DOUBTS OF PREGNANT WOMEN IN THE NURSING CONSULTATION

Gabriela Fávaro Marques Da Cunha, Cleide Carolina da Silva Demoro Mondini, Raissa Janine de Almeida, Francely Tineli Farinha and Gesiane Cristina Bom

Goals: To identify the main doubts of pregnant women with prenatal diagnosis of cleft lip and/or palate during the nursing consultation. **Method:** Exploratory, descriptive, retrospective, quantitative study. The sampling was intentional and not of the probabilistic type, composed of 15 guidance sheets used in consultations to assist the pregnant woman, from January to December of 2016, in Public Health sector of the Hospital of Rehabilitation of Craniofacial Anomalies of University of São Paulo. For the data collection, a protocol of the institution was used, consisting of sociodemographic variables, according to ultrasonography, and gestational period indicators, probable date of delivery, brief summary of the guidelines provided to pregnant women, and space for nursing annotation, with the main doubts presented. The results were submitted to descriptive statistical analysis and then presented in the form of tables. The collection of data began after approval of the project by the Ethics Committee on Human Research of the Hospital through the document CAAE: 66923717.9.0000.5441. **Results:** Maternal age was 30 years (± 5.9) and paternal age was 31 (± 10.4). In the family socioeconomic classification, the lower mean was predominant ($n=8.53\%$). Schooling of the parents prevailed the complete superior education ($n=15.52\%$). Male babies ($n=11.73\%$) and diagnoses of Left Unilateral Cleft Lip and Palate ($n=7.47\%$). There were doubts regarding the feeding of the newborn ($n=15.100\%$), hygiene ($n=9.60\%$) and surgical programming ($n=8.53\%$). **Conclusions:** Identifying them allowed us to give orientations directed to the real needs of these patients, besides making possible the improvement of the nurse as a professional.

DOES THE METHOD OF EVALUATION OF THE VELUM LENGTH AND THE PHARYNGEAL DEPTH INFLUENCE ON CLINICAL OUTCOMES?

Maria Natalia Leite De Medeiros, Jamie Lyn Perry and Renata Paciello Yamashita

Objective: This study aimed to analyze if the landmark used to measure velum length(VL) and pharyngeal depth(PD) in individuals with cleft palate(CP) may influence the final measurements, and to verify if the results may imply in different clinical interpretations.**Methods:** Cone beam computed tomography images of 54 patients with CP, both genders, aged 18 to 37(24.1 ± 4.5) years were analyzed using Amira Software version 5.6. Measurements of VL and PD, and the ratio PD/VL were obtained for each image based on the PNS, represented by the most posterior point of the hard palate(G1) and on Pterygomaxillary fissure(G2). Reliability was calculated after reanalyzes of 100% of the images by using Interclass Correlation Coefficient (ICC). Correlation between measurements for both groups was determined using a Pearson product-moment correlation. Differences between the methods of analysis were obtained by one-sample t-test(95%).**Results:** The ICC obtained for VL, PD, and ratio ranged from .845 to .921 for G1(good-excellent), and from .952 to .986 for G2(excellent). The means of VL, PD, and ratio PD/VL were $27.78(\pm 3.75)$ mm, $27.28(\pm 4.57)$ mm, and $0.99(\pm 0.17)$ for G1, and $21.64(\pm 4.38)$ mm, $21.21(\pm 3.56)$ mm, and $1.02(\pm 0.28)$ for G2. Correlation between groups was moderate for VL($r=0.58$) and PD($r=0.66$), and strong for ratio PD/VL($r=0.73$). Differences between G1 and G2 were statistically significant($p<0.001$).**Conclusion:** Although there is a moderate-strong correlation for the methods of analysis, using different landmarks may influence the final VL, PD, and ratio PD/VL measures, leading to different interpretations on clinical practice, as a deep/narrow nasopharynx, or a long/short VL. Thus, overestimating or underestimating the velopharyngeal mechanism.

DOUBLE STEP OSTEOTOMY FOR CHIN ADVANCEMENT IN A PATIENT WITH MICROGNATHISM ASSOCIATED WITH NAGER'S SYNDROME

Carlos Nicolau Feitosa de Albuquerque Lima Babadopulos, Marina Prado Monson Santana Takahashi, Patricia Martins Bueno, Gabriel Ramalho Ferreira, Tiago Turri de Castro Ribeiro and Paulo Alceu Kiemble Trindade

Objective: to present a case report of a patient with micrognathism associated with Nager's Syndrome who underwent orthodontic treatment, bilateral coronoidectomy and chin advancement using a double-step osteotomy technique. **Case report:** Patient LYK, female, 21 years old, diagnosis of Nager's Syndrome, presenting skeletal dystrophy with severe mandibular deficiency, condylar hypoplasia and limitation of buccal opening (21 mm) due to hyperplasia of the coronoid processes. Orthodontic treatment was compensatory and achieved an adequate occlusion without the need for orthognathic surgery. However, in order to compensate for the convex facial profile and to improve the mouth opening, the patient underwent chin advancement with a double step osteotomy and bilateral coronoidectomy. Two titanium miniplates (2.0 mm system) were used for internal fixation. After 6 months of physiotherapy for mouth opening, the patient presented a gain of 7 mm of opening (33.33%) and was satisfied with the aesthetic-functional result achieved. **Conclusion:** The double-step osteotomy technique allowed a greater advancement of the chin in relation to the conventional single cut osteotomy technique, providing a better antero-posterior projection of the chin with great stability. The decision of not performing a complex bimaxillary orthognathic with counter clockwise rotation of the occlusal plane allowed the bilateral coronoidectomy to be performed at the same surgical time, making possible a postoperative physiotherapy and stability of the temporomandibular joint.

DOUBTS OF CAREGIVERS OF POSTOPERATIVE CARE AFTER COCHLEAR IMPLANT

Raissa Janine De Almeida, Gabriela Fávoro Marques da Cunha, Francely Tinely Farinha and Armando dos Santos Trettene

Objective: To identify as main doubts of informal caregivers of hearing impaired children about the postoperative care of cochlear implants. **Methods:** This is an exploratory, descriptive and quantitative study, developed on Hospital of Rehabilitation of Craniofacial Anomalies of the University of São Paulo. Were included the informal caregivers that go along children undergoing cochlear implant and joined the search. The data collection happened during a pre-operative nursing consultation, where there are approaches related to the preparing for the surgical procedure, expectations and as main issues related to the postoperative period. The Research began after approval of the Research Ethics Committee involving humans from the Hospital. For the tabulation and categorization of the main doubts was used the Microsoft Excel 2010 software. The data were submitted to descriptive statistical analysis, and arranged by means of figures and tables. **Results:** Participated of the present study 18 caregivers of children with hearing impairment, mean age of 32 years (\pm 6.5), being 89% female. 44% of them finished the High School and there was predominance of low socioeconomic class (56%). Regarding the degree of kinship of caregivers, 78% were mothers. The doubts of the caregivers about the postoperative of the cochlear implant surgery were categorized according to their similarity. However, predominated the doubts related to rest (78%), curative (56%) and feeding (38%). **Conclusion:** To identify as main doubts of informal caregivers became possible to plan and implement a nursing care focused on the needs of clients, besides preparation for health care after hospital discharge.

EFFECT OF MAXILLARY ADVANCEMENT ON NASAL AIRWAY DIMENSIONS IN ADULTS WITH UNILATERAL CLEFT LIP AND PALATE

Bruna Mara Adorno Marmontel Araújo, Andressa Sharllene Carneiro da Silva, Laryssa Lopes de Araujo, Ana Paula Fukushiro and Inge Elly Kiemle Trindade

Objective: To evaluate the effect of orthognathic surgery with maxillary advancement on nasal airway dimensions on the side affected by the cleft. **Methods and Results:** The minimum cross-sectional nasal area on the cleft side and the non-cleft side were measured by anterior rhinomanometry using a PERCI-SARS system, on average 14 days before and 17 months after Le Fort I osteotomy with maxillary advancement in combination or not with procedures involving mandible. The study was conducted in twenty subjects, aged 17 to 34 years (24 years on average), 11 males and 9 females, with repaired unilateral cleft lip and palate, maxillomandibular discrepancy and reduced nasal area on the cleft side. A significant increase ($p < 0,001$) in the mean value of the nasal area on the cleft side was observed after orthognathic surgery, from $13 \pm 4 \text{mm}^2$ to $25 \pm 11 \text{mm}^2$. On the non-cleft side, the mean area was $38 \pm 14 \text{mm}^2$ before orthognathic surgery and $39 \pm 14 \text{mm}^2$ after the surgery. Difference was not statistically significant ($P = 0,902$). In addition, the cleft side and the non-cleft side differed statistically from each other before ($p < 0,001$) and after ($p = 0,002$) orthognathic surgery. **Conclusion:** Preliminary findings have shown that maxillary advancement can not only increase but also normalize internal nasal dimensions on the cleft side, contributing to the overall nasal patency.

EFFECTIVENESS OF A SPEECH BULB COMBINED WITH INTENSIVE SPEECH THERAPY IN HYPERNASAL SPEAKERS WITH CLEFT PALATE

Gabriela Zuin Ferreira, Tim Bressmann, Viviane Cristina de Castro Marino, Jeniffer de Cássia Rillo Dutka and Maria Inês Pegoraro-Krook

Objective: To evaluate the efficacy of the combination of a speech bulb with an intensive speech therapy program in hypernasal patients with cleft palate. **Methods:** Twenty hypernasal speakers with cleft palate (12 females, mean age 28 years), who were wearing speech bulbs underwent an intensive speech therapy program of 45 sessions over 3 weeks. Three experienced speech language pathologists rated the participants' speech recordings before and after therapy, with and without the speech bulb. Nasometric recordings and long term averaged spectra were also analyzed using repeated-measures ANOVAs. **Results:** The hypernasality ratings showed significant improvement after the speech therapy when patients were also wearing the speech bulb [$F(1,19)=15.97;p<0.05$]. Without the speech bulb, speech therapy by itself did not result in a significant improvement. With speech bulb, nasalance scores for oral sentences were significantly lower at the final session [$F(1,19)=14.07,p<0,001$], indicating an effect of speech therapy. Before and after comparisons of individual nasalance profiles demonstrated improvement in 13 participants, no progress in 4 participants and more severe hypernasality after therapy in 3 participants. Long-term averaged spectra corroborated the findings of the perceptual analysis. Based on a frequency of 300 Hz, there was a significant within-subject effect for with and without speech bulb [$F(1,18)=4.54, p<0.05$] as well as for intake vs. final session [$F(1,18)=7.14,p<0.05$]. **Conclusion:** The speech bulb in combination with intensive speech therapy resulted in improved oral-nasal balance for the majority of patients. More research is needed to investigate long-term outcomes as well as individual patient factors contributing to therapy success.

ELIGIBILITY IN THE PALATE PROSTHESIS: IMPORTANCE OF THE INTERDISCIPLINARY TEAM

Ana Julia Dos Passos Rizatto, Melina Evangelista Whitaker and Maria Daniela Borro Pinto

Goal: To describe the importance of the involvement of an interdisciplinary team in the indication of the palate prosthesis. Description: The use of the palate prosthesis is suggested after the diagnosis of velopharyngeal insufficiency performed through the nasopharyngoscopy examination. However, this diagnosis is not sufficient to indicate its use, since its adaptation depends on satisfactory oral hygiene, in addition to dental conditions that allow the support of the prosthesis, these aspects must be verified by a dental surgeon. Nevertheless, the maintenance of the prosthesis in the oral cavity does not guarantee the speech disorders correction, for this reason the speech-language intervention is fundamental. There are conditions that make it impossible to use the prosthesis and lead to contraindications, for example, orthodontic treatment, dental absence, poor oral hygiene, absence of a speech-language intervention in the city of origin and the no compromise with the treatment by the patient and/or the family. Conclusion: The involvement of professionals with distinct formations is essential for the adequate indication of the palate prosthesis and consequent speech rehabilitation.

EPIDEMIOLOGICAL AND CLINICAL FEATURES OF SYPHILIS IN PREGNANCY AND CONGENITAL SYPHILIS FROM 2007 TO 2017 IN THE CENTRAL WEST REGION OF SÃO PAULO STATE

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Objective: Describe the epidemiological and clinical features of reported cases of syphilis in pregnancy and congenital syphilis during the period 2007-2017 in 38 municipalities in the central west region of São Paulo State. **Methods:** This is a descriptive study using data from the Information System for Notifiable Diseases (Sinan-net). **Results:** From 2007 to 2017, 1005 cases were confirmed as syphilis in pregnancy and 701 were confirmed as congenital syphilis. 33.2% (343) of pregnant women with syphilis, were in the age group of 20-24 years old, 38.9% (401) were within the age range 9-11 years of schooling (years) and 55% (568) were of white race. The municipalities that had the highest rate of detection of syphilis in pregnancy per 1000 live births were: Balbinos, Bauru, Jacanga, Igarapu do Tietê and Pirajuí. All cases were identified in children younger than 1 year, 91.4% (748) were reactive to nontreponemal test (VDRL), 87.4% (715) were asymptomatic and 6.6% (54) were symptomatic. The main symptoms were jaundice, hepatosplenomegaly and skin lesions, while 2.1% (17) had changes in the long bones. The congenital syphilis, 94.4% (772) survived and 1.5% (12) represent stillbirths, miscarriages and death due to notified disease. The municipalities that showed the highest incidence rates of congenital syphilis were: Avaí, Balbinos, Bauru and Presidente Alves. **Conclusion:** Syphilis continues to be a burden on the public health system. Efficient epidemiological surveillance should continue, making the population aware of the reality of syphilis disease and, consequently, reducing the incidence of syphilis in pregnancy and congenital syphilis.

FACIAL MEASUREMENTS: RELIABILITY AND CORRELATION BETWEEN TWO INSTRUMENTS

Maria Natalia Leite De Medeiros, Francine Santos Ramos Favaretto, Jamie Lyn Perry, Ana Paula Fukushiro and Renata Paciello Yamashita

Objective: To examine the correlation between two instruments of measurement used for facial analyses, and to verify the reliability of their use in clinical practice. **Methods:** Facial measurements including inferior third(IT), width(WD), out corner of the eyes(CE), height of upper(HU) and lower(HL) lips of 51 patients with cleft palate(CP), both genders, aged 19 to 37(24.4 ± 4.6) years were carried out by using a caliper. The same measurements were performed through the analyses of volumetric 3D reconstructions of cone beam computed tomography images of each patient by using Amira Software 5.6. Reliability was calculated after reanalyzes of 100% of the images by using Interclass Correlation Coefficient(ICC). Correlation between the measurements resulted for both instruments was determined by Pearson product-moment correlation. Differences between the methods of analysis were obtained by one-sample t-test(95%). **Results:** The ICC obtained for IT, WD, CE, HU, and HL ranged from .939 to .986(excellent reliability). The means of IT, WD, CE, HU, and HL were $69.99(\pm 11.90)$ mm, $109.21(\pm 7.17.05)$ mm, $68.81(\pm 8.48)$ mm, $19.40(\pm 3.91)$ mm, and $50.42(\pm 8.73)$ mm for measures obtained using the caliper; and $65.35(\pm 7.56)$ mm, $104.07(\pm 6.00)$ mm, $67.28(\pm 5.27)$ mm, $18.29(\pm 3.28)$ mm, and $46.03(\pm 5.84)$ mm for measures obtained using the software. Correlation between the measurements resulted from both instruments was strong for IT($r=0.91$) and CE($r=0.85$), moderate for HU($r=0.72$) and HL($r=0.70$), and weak for WD($r=0.44$), $p < 0.001$. **Conclusion:** In general, an acceptable correlation between the resulted measurements from both instruments was found. However, it has to be considered the application of strategies to reduce the possible errors of using a caliper during the evaluation process, thus, increasing the reliability and reproducibility of the assessments.

GENETIC SUSCEPTIBILITY TO CHRONIC APICAL PERIODONTITIS IN INDIVIDUALS WITH CLEFT LIP AND/OR PALATE

Tulio Lorenzo Olano Dextre, Tiago José Dionísio, Lidiane de Castro Pinto, Celso Kenji Nishiyama, Carlos Ferreira dos Santos, Marco Antonio Húngaro Duarte and Lucimara Teixeira das Neves

Aim: The aim of this study was to determine whether genetic polymorphisms on genes MMP-2 e MMP-3 involved in inflammatory response is associated with persistent apical periodontitis (PAP) after endodontic therapy in individuals with cleft lip and/or palate. **Methods and Results:** One hundred and eighty individuals were selected, divided in: GI: 34 individuals with cleft lip and/or palate, nonsyndromic, with PAP; GII: 45 individuals without cleft lip and/or palate, nonsyndromic, with PAP, GIII: control group composed of 101 individuals without cleft and without report of PAP. The inclusion criteria for PAP diagnosis considered PAI index of 4 and 5, analyzed on control periapical radiographies one year or more after treatment. Five polymorphisms were selected for genotyping, in the MMP-2 gene (rs243865, rs2285053 e rs2287074) and in the MMP-3 gene (rs679620 e rs522616). Results were analyzed on the software SDS 1.7 (Applied Biosystems) and data were tabulated on 8.0 Excel program. Comparison among genotype frequencies and alleles was performed by the Chi-Square test and Odds Ratio with 95% confidence. **Conclusions:** Among genetic polymorphisms evaluated in this Brazilian group, positive association was only observed between rs679620 on MMP-3 gene with cleft lip and palate and PAP only when compared with PAP group and without cleft lip and palate, and positive association was also observed on rs522616 MMP-3 gene with PAP and without cleft lip and palate, only when compared to control group.

GESTATIONAL HISTORY IN CASES OF NON-SYNDROMIC UNILATERAL CLEFT LIP AND PALATE: A RETROSPECTIVE STUDY

Maria Carolina De Moraes Pereira, Thais Francini Garbieri, Jose Francisco Mateo Castillo and Lucimara Teixeira das Neves

Aim: Cleft lip and palate (CLP) is the most common congenital craniofacial anomaly, being considered as a public health problem by the WHO. Clefts can be syndromic, being part of syndromes, or non-syndromic, when occurring as an independent phenotype, corresponding to approximately 70% of CLP cases. Non-syndromic clefts present multifactorial etiology, which is associated with genetic and environmental factors. Taking into account the environmental aspects and risk factors for clefts, the aim of this exploratory study was to investigate gestational history in cases of non-syndromic unilateral cleft lip and palate. **Methods and results:** The following data were analyzed: maternal age at conception, prenatal care and pregnancy complications in 105 records of patients with non-syndromic unilateral cleft lip and palate admitted at the Hospital for Rehabilitation of Craniofacial Anomalies (HRAC-USP). The average maternal age at conception was 26 years old, with variation between 17 and 47 years old. Only 69 records presented information regarding prenatal care, among which 91.3% of mothers had prenatal checkups done. Pregnancy intercurrent was shown in 32% of 72 cases that presented this information, being infections the most common. The use of medications such as antibiotics, antiemetics and analgesics was found in 54% of 54 cases in which this information was described. **Conclusions:** In this sample, relevant data in the gestational history were found regarding pregnancy intercurrent, specifically the occurrence of infections and use of medications.

HANHART'S SYNDROME: CLINICAL REPORT ON ANATOMOFUNCTIONAL ASPECTS

Laryssa Lopes De Araújo, Álvaro Júlio de Andrade Sá, Flávia Ferlin and Ana Paula Fukushiro

Introduction: Hanhart or Aglossia-adactyly is a rare congenital syndrome of unknown etiology that is characterized by deficient limb development with hypoplasia fingers, oligodactyly, syndactyly, micrognathia, incompletely developed tongue or even aglossia. **Objective:** To describe the case of an individual with diagnosis of Hanhart or Aglossia-adactyly syndrome regarding structural and functional disorders of the oral cavity. **Clinical Report:** RNL, 6-years old, male, resident of Manaus-AM, history of maternal smoking, alcohol use, drug use and syphilis during pregnancy. Patient presented left forearm and left lower limb phocomelia, syndactyly from the 2nd to 4th finger of the right hand, and malformation on the right toes. Micrognathia, intact palate with adequate velum mobility, absence of deciduous teeth, presence of permanent 1st molar and congenital aglossia were observed on examination of the oral cavity. By means of videofluoroscopy swallowing study, oropharyngeal dysphagia was observed, with great impairment to the oral phase, laryngeal penetration during opening of the pharyngoesophageal transition, residue in vallecula and pyriform sinus with cleaning after multiple swallows. A head compensation and laryngeal elevation movement were spontaneously used by the patient. **Conclusion:** Understanding that the syndrome is rare, and that the individual in the study has comorbidities associated with Hanhart syndrome, an interdisciplinary follow-up is required in order to minimize physical, functional and social impacts of the related symptoms and, consequently, to provide a better quality of life for the patient.

HOLOPROSENCEPHALY, OROFACIAL CLEFT, AND ORBITAL ENCEPHALOCELES: A NEW AUTOSOMAL RECESSIVE SYNDROME?

Maria Cristina Cres, Antonio Richieri-Costa, Rejane Alves de Carvalho Monteiro, Roseli Maria Zechi-Ceide, Juliana Forte Mazzeu and Fernanda Sarquis Jehee

OBJECTIVES: To investigate the genetic etiology in a patient with holoprosencephaly syndrome. **CASE REPORT:** A boy was born through cesarean delivery at 39 weeks (2800g) after an uneventful pregnancy, presenting microbrachicephaly, small frontonasal angle, hypotelorism, broad bilateral, two cysts in the frontonasal region, bilateral cleft lip and palate, anomalous palm folds, long fingers. He developed seizures and presents with severe developmental delay at 5 months of age. He died at 7 months. A skull MRI showed agenesis of the corpus callosum, suggestive signs of lobar holoprosencephaly, dilation of the aqueduct and bilateral endolymphatic sac, bilateral cystic cocci-vestibular malformation, expansive lesion near the ethmoid bone and the right orbital cavity, suggestive of frontonasal meningoencephalocele. G-banding karyotype and subtelomeric and microdeletion MLPA (Kits P064-C1, P036-E2 and P070-B2) were normal. Affymetrix CytoScan750K SNP-Array analysis showed large regions of homozygosity (ROH) that summed up 25,4% of the autosomal genome. **CONCLUSION:** The complexity of the craniofacial findings observed in our patient, including holoprosencephaly and neural tube defects, to our knowledge, is unique, suggesting a hitherto not reported new syndrome. The high rate of ROH strongly suggests a parental consanguinity and that the whole clinical picture could be attributed to the action of one or more recessive gene(s). It was obtained informed consent according to the protocols approved by the ethics committee of the HRAC-USP (CAAE 34386014.4.0000.5441)

HUMANIZED CARE IN A SEMI-INTENSIVE UNIT: PERCEPTIONS OF THE NURSING TEAM

Natiele Favarão Da Silva and Daine Aneli Madureira

Objectives: to evaluate the perceptions of the nursing team working in Semi-intensive Unit in relation to the humanization of care. **Method:** a transversal and qualitative study, developed at the Hospital of Rehabilitation of Craniofacial Anomalies of the University of São Paulo in the Semi-intensive Unit. The population was composed by professionals of the nursing team, including nurses and nursing technicians. The sample was defined by data saturation and it consisted of 16 participants. The research was approved by the Research Ethics Committee of the Institution through the opinion substantiated of CEP and CAAE: 49047115.2.0000.5441. The structured interview was used for the data collection, which was recorded and transcribed in its entirety. For the interview, the following questions were used: How do you define "humanization of nursing care"? How do you promote the humanization of care? The Content Analysis was used to stratify the results. **Results:** Three thematic categories were concentrated in the Content Analysis: perception about the process of humanization, feelings linked to the humanized practice and strategies that facilitate the promotion of humanization. **Conclusion:** the process of humanization of nursing care in the Unit of Semi-Intensive Therapy in the perception of nursing professionals, was directly linked to the holistic treatment, which involves besides the patient, his family and his caregivers. Empathy and respect were strongly linked to the process of humanization, and the promotion of self-care was pointed out as an important strategy to involve the family in the rehabilitation process, and interaction with the nursing team.

HYPERNASALITY RATINGS USING REFERENCE SAMPLES WITH AND WITHOUT FEEDBACK

Thais Alves Guerra, Samara Silvino Machado, Gabriela Zuin Ferreira, Viviane Cristina de Castro Marino, Maria Inês Pegoraro-Krook and Jeniffer de Cássia Rillo Dutka

Objective: To compare ratings of hypernasality using reference samples with and without feedback of the correct response. **Method:** Six speech-language pathology-undergraduate students, without experience with hypernasal speech, participated in this study. Their task was to rate 24 oral speech recordings regarding presence and level of hypernasality using a 4-point scale in which 1=absence; 2=mild hypernasality; 3=moderate hypernasality; and 4=severe hypernasality. After being calibrated with the definition of hypernasality and after hearing reference samples of each level of hypernasal speech the participants were randomly assigned to one of two groups regarding the strategy for nasality rating: Group 1 (G1) rated the samples using the reference samples without feedback of the correct response, while Group 2 (G2) used the reference samples and also received immediate feedback regarding the correct level of hypernasality (established by specialists as gold standard). Participants rated all samples individually and the Kappa statistics were used to verify the agreement between the participants within each group. **Results:** The findings for G1 reviewed 50% of correct responses with regular agreement between students ($K=0.33$; $p=0.004$). For G2 the findings reviewed 79% of correct responses with substantial agreement between students ($K=0.72$; $p<0.001$). **Conclusion:** The results indicated that the feedback of the correct response (gold standard) immediately after ratings of recorded speech can significantly improve interrater's agreement. This strategy could be considered a tool to optimize training of students for ratings of hypernasal speech.

ILLUSTRATIVE MANUAL OF THERAPEUTIC STRATEGIES FOR THE CORRECTION OF COMPENSATORY ARTICULATIONS RELATED TO CLEFT LIP AND PALATE

Lívia Martins Gannam, Letícia Fabiano Oliveira, Cristina Guedes de Azevedo Bento-Gonçalves and Sílvia Helena Alvarez Piazzentin-Penna

Purpose: Convert and increase an informative material, existing at the Hospital of Rehabilitation of Craniofacial Anomalies - USP Speech Therapy Sector, in an illustrative manual for speech therapists, assisting in therapy sessions and contributing to the treatment evolution. **Methods:** The material contains therapeutic strategies for the correction of compensatory articulations related to cleft lip and palate. For this, were used illustrations representing the strategies for the elimination compensatory articulations, based on the existing information in the hospital. **Results:** drawings were developed demonstrating the use of visual clue, auditory and tactile of correct articulation points and oral airflow for each plosive and fricative phoneme. **Conclusion:** use of that material by the speech therapist will assist him in the therapy in a direct, simple and objective way.

INFORMATIZATION OF SPEECH OUTCOME IN A RANDOMIZED CLINICAL TRIAL

Fernanda Guarnieri Santana, Gabriela Aparecida Prearo, Olivia Mesquita Vieira de Souza, Maria Inês Pegoraro Krook and Jeniffer de Cássio Rillo Dutka

Objective: To digitize the speech data obtained in a Randomized Clinical Trial, known as Projeto Florida (RCT-PF) and to verify preliminary findings regarding occurrence of velopharyngeal dysfunction after primary palatoplasty. **Methods:** Data from existing speech-language evaluations reported in patients' charts were retrieved and entered into an excel spreadsheet. Information regarding the type and timing of the primary palatoplasty as well as the results of hypernasality and nasal air emission tests were of interest in this study. Presence of nasal air emission and hypernasality, when combined for the same patient, were interpreted as suggestive of velopharyngeal dysfunction. **Results:** Speech outcome were identified for 466 patients with unilateral cleft lip and palate included in the RCT-PF. In these group, 221 (47%) received primary lip repair with the Spina technique and 245 (53%) with the Millard; 219 (47%) received primary palatal repair (palatoplasty) with the Furlow technique and 247 (53%) with the von Langenbeck (VL); 227 (49%) patients received palatoplasty between 9 and 12 months (early repair) and 239 (51%) between 15 and 18 months (late repair). The occurrence of velopharyngeal dysfunction was significantly higher in the group operated with the Langenbeck technique (36%) compared to those operated with the Furlow technique (21%) (Chi-Square, $p=0.001$). There was no significant difference when patients were grouped according to age at primary palatoplasty (Chi-Square, $p = 0.712$). **Conclusion:** Data digitized in this project indicate that patients operated with the VL technique had a significantly higher occurrence of velopharyngeal dysfunction than those operated with the Furlow technique.

INTELLECTUAL MATURITY AND PERCEPTION-MOTOR SKILLS OF CHILDREN WITH CLEFT LIP AND PALATE: A COMPARATIVE STUDY

Évelyn Raquel Benati, Fabiana Ribas Ferreira and Maria de Lourdes Merighi Tabaquim

Objective: To compare the intellectual maturity and the perception-motor skills of children with cleft lip and palate. **Method:** 66 children aged 4 to 7 years, both genders, of the preschool or of the 1st year of elementary school, composing three groups: G1, 20 children with transforamen cleft; G2, 20 children with post-foramen cleft; and G3, 26 children without craniofacial anomalies or other developmental abnormalities. The instruments used were: Columbia Mental Maturity Scale, Complex Figures of Rey and the Perception-Motor Skills subscale of the Pre-literacy Knowledge and Skills Test. The obtained data were described, classified and interpreted according to regulations of each instrument and submitted to statistical study to compare the averages of the obtained results, applying the Chi-Square Test. **Results:** In the intellectual maturity, 25% of G1, 20% of G2 and, 19.2% of G3 obtained below-average performance; in perception-motor competency, both in the copy (60% of G1, 40% of G2 and, 42.3% of G3), as with memory feature (65% of G1, 35% of G2 and, 38.5% of G3) demonstrated below-average performance; in the subscale of the Pre-literacy Knowledge and Skills Test, 30% of G1, 15% of G2 and, 19.2% of G3 presented inferior classification. Absolute difference was found in the comparison of groups, however, without statistically significant difference. **Conclusion:** Children of the G1 presented greater impairments in intellectual maturity and perception-motor skills when compared to G2 and G3, evidencing discrepancy as to the type of cleft, representing the transforamen as having a greater risk factor for perception-viso-motor cognitive alterations.

LONGITUDINAL BEHAVIOR OF THE FACIAL PROFILE OF PATIENTS WITH ISOLATED PIERRE ROBIN SEQUENCE

Gabriela Leticia Clavisio Siqueira Machado, Diego Coelho Lorenzoni, Daniela Gamba Garib and Terumi Okada Ozawa

Objectives: to assess the longitudinal behavior of facial profile of individuals with isolated PRS. **Methods:** photographs of the facial profile of 100 individuals were used (50 individuals with isolated PRS and 50 individuals without any craniofacial anomaly). The individuals with PRS were evaluated at 3 different times (T1: baby, T2: mixed dentition, T3: permanent dentition) measuring the facial convexity angle (G.Sn.Pog[°]). A comparison between T3 and control group (C), individuals without craniofacial anomalies and in permanent dentition, were also performed, checking the facial convexity, nasolabial (Ls.Sn.Cm), mentolabial (Li.Si.Pog[°]), facial inferior third (Sn.Gn[°].C) angles and the ratio between medium anterior facial height and lower anterior facial height (MAFH/LAFH). **Results:** T3 group showed a facial convexity angle increased in relation to C group as well as the facial inferior third angle and the MAFH/LAFH ratio. In the longitudinal evaluation of individuals with isolated PRS, the significant difference occurred between T1 and T2 groups and T1 and T3 groups showing that facial convexity was higher in the baby phase and didn't have a significant variation between the phases of mixed and permanent dentition. **Conclusions:** individuals with isolated Pierre Robin sequence showed increased facial convexity in all phases evaluated but it decreased with their growth. When compared to individuals without anomalies, the PRS individuals continue with retrognathism in the permanent dentition. The facial inferior third angle and the MAFH/LAFH ratio increased suggest a lack of a chin projection to the maxilla, leading to a considerable number of orthognathic surgeries for the correction of discrepancies.

MAXILLARY ARCH MEASUREMENTS AS PREDICTORS OF SPEECH RESULTS IN SUBJECTS WITH CLEFT LIP AND PALATE: PILOT STUDY

Ana Flávia Rodrigues Da Silva, Cleide Felício de Carvalho Carrara, Jeniffer de Cassia Rillo Dutka, Bianca Zeponi Fernandes de Mello, Eloá Cristina Passucci Ambrosio, Maria Inês Pegoraro-Krook

Objective: To investigate whether maxillary arch measurements can predict speech results in children with cleft lip and palate (CLP). **Methodology:** Data were collected from dental casts of maxillary arch of 7 CLP children, obtained pre-palatoplasty at the age of 12 months. After the digitalization of casts, 3 trained evaluators, using the software 3 Shape Appliance Design 2013-1, measured the following: a) intercanine distance, b) intertuberosity distance, c) anteroposterior distance of the hard palate, d) posterior amplitude of the cleft. Speech sample recordings obtained at the age of 4-5 years were judged by 3 experienced speech pathologists with regard to the occurrence of hypernasality. Interval analysis of the speech data was performed using Kappa test and of the cast measurements was performed using Intraclass Correlation Coefficient (ICC). Spearman correlation test was used to correlate speech data and cast measurements. **Results:** The mean measurements were obtained: 28.95 mm for intercanine distance; 34.82 mm for intertuberosity distance; 29.21 mm for anteroposterior distance of the hard palate, and 9.35 mm for posterior amplitude of the cleft. The agreement forces were considered excellent (ICC = 0.75, 0.91, 0.97 and 0.90, respectively). Speech judgements varied between normal to moderate hypernasality. The agreement strength was considered fair to excellent (k = 0.22, 0.22 and 1.00). No correlation between speech and cast measurements was found (p = 0.26, 0.17, 0.70 and 0.26, respectively). **Conclusion:** Maxillary arch measurements might not predict speech results in CLP children. Future studies should be done with a large sample.

NASAL EVALUATION AFTER COLUMELLA ELONGATION SURGERY AT COMPLETE BILATERAL CLEFT LIP AND PALATE

Rodrigo Teixeira, Daiana Conceição Broll, Telma Vidotto de Sousa Brosco, Eudes Soares de Sá Nóbrega, Rita de Cássia Moura Carvalho Lauris and Terumi Okada Ozawa

Objectives: The purpose of this study was to evaluate the quality of nasal aesthetics after columella elongation surgery through objective and subjective analysis of face of the patients as of 4 years old. **Methods:** We evaluated 70 patients with complete bilateral cleft lip and palate after columella elongation surgery, showing current age to accomplish this work (6-12 years) and 60 patients without cleft lip and palate in the same age group (control group). The objective analysis was performed using 4 anthropometric measurements of the nose in patients with complete bilateral cleft lip and palate operated on and the control group. **Results:** It was observed that the measure AL-AL (nasal width) in patients with complete bilateral cleft lip and palate and higher compared to the control group ($p < 0.05$); on the other hand, SN-PRN (nasal tip projection) and SN-C (length of the columella) shown to be lower ($p < 0.05$). Only the measures Sn-Sn (width of columella) were similar in both groups ($p > 0.05$). For qualitative analysis was used scores from 1 to 5 to evaluate the nasal form (nasal width), the nasal tip projection and the length of the columella in patients with complete bilateral cleft lip and palate before and after surgery. It was observed that the nasal improved appearance after surgery restoring the nose aesthetic harmony and in most patients. However, many patients continued with poor nasal appearance even after surgical repair. **Conclusions:** The columella elongation surgery improves nasal aesthetics, but in many patients it failed to restore completely the nasal form.

NASALANCE SCORES FOR SYLLABLES PRODUCED BY MIDDLE AGED AND ELDERLY BRAZILIAN PORTUGUESE SPEAKERS

Evelyn Alves Spazzapan, Vanessa Moraes Cardoso, Larissa Cristina Berti, Jeniffer de Cássia Rillo Dutka and Viviane Cristina de Castro Marino

Objective: This study established reference nasalance values for syllables produced by middle age and elderly Brazilian Portuguese speakers and investigated possible age and gender effects on nasalance scores. **Methods:** Mean nasalance scores were obtained from 62 middle age (30 males, 32 females) and 60 elderly (29 males, 31 females) participants with normal speech for 14 syllables (10 orals and 4 nasals) using the Nasometer II 6400 (KayPentax, N.J., USA). Repeated-measures two-way analysis of variance were used to investigate the effect of syllables by gender and age groups. **Results:** There was effect of syllables [$F(13; 1508)=1221, p<0.001$], a syllable-age interaction effect [$F(13;1508)=3.90, p<0,001$] and a syllable-gender interaction effect [$F(13;1508)=4.78, p<0,001$]. Nasalance scores for nasal syllables were higher than for oral syllables. Mean nasalance values for syllables with the vowel /i/ were higher than with the vowel /a/ for both, oral and nasal syllables, suggesting an effect of tongue position (lower) and oral cavity size (greater) during production of syllables with vowel /a/. **Conclusion:** Nasalance norms established for syllables produced by middle age and elderly normal Brazilian Portuguese speakers can aid clinicians with the assessment of patients with oral-nasal balance disorders resulting from a variety of clinical conditions such as neuromotor disorders, late treatment of velopharyngeal dysfunction due to cleft palate and oral cancer.

NASALITY AND NASALANCE DURING WORD PRODUCTION ASSESSED IN CHILDREN WITH REPAIRED CLEFT PALATE AT 5 YEARS OF AGE

Débora Natália De Oliveira, Ana Claudia Martins Sampaio-Teixeira, Renata Paciello Yamashita, Ana Paula Fukushiro and Inge Elly Kiemle Trindade

Purpose: To evaluate the speech results of the surgical treatment of palatal cleft by means of perceptual and nasometric evaluation at 5 years of age. **Methods:** Prospective study conducted in with 27 children with repaired isolated cleft palate, aged 4:8 to 5:6 years of both genders. The variables age at primary surgery, type of surgery, surgeon, postoperative speech therapy were not controlled. The perceptual assessment of nasality was done by analyzing audiovisual recordings during nine words production (WP), phonetically similar across languages. The recording were evaluated by three speech pathologists regarding presence and severity of hypernasality, using a 4-point scale. The intra- and interjudge agreement was determined for the hypernasality scores. Nasalance was assessed with the KayPentax Nasometer II-6450 during the production of the same words used in the perceptual assessment. Nasalance values were compared to normative data established for children at 5 years of age. **Results:** Intra- and interjudge agreement for hypernasality scores was found to be mostly 'near perfect' or 'perfect'. Absence of hypernasality was observed in 70% of the children. Normal nasalance scores (<33%), suggesting absence of hypernasality, were seen in 58% of the children. There was a significant correlation (strong correlation) between nasality and nasalance scores ($r=0.74$, $p<0.01$). **Conclusion:** Perceptual assessment of speech showed that primary surgery was successful in eliminating hypernasality in the majority of the children with isolated cleft palate. Results were confirmed by nasometric assessment.

NON-SYNDROMIC CLEFT LIP AND PALATE: THE PREVALENCE OF CONSANGUINEOUS PARENTAL

Carolina Maia Silva and Lucimara Teixeira das Neves

Objective: Cleft lip and palate represent the most common congenital defect and present a complex etiology involving genetic and environmental factors (Freitas JAS et al, *J Appl Oral Sci*, 2011). Environmental factors related to orofacial clefts are associated with maternal health and habits during pregnancy (Aquino SN et al, *Braz J Otorhinolaryngol*, 2011). Regarding genetic/hereditary factors, the issue of familial recurrence and consanguineous marriages are highlighted. In Brazil, the consanguineous union is heterogeneous and there are few studies verifying the relationship between it and the occurrence of orofacial clefts (Brito LA et al, *American Journal of Medical Genetics*, 2011). Thus, the objective of this study was to verify the prevalence of consanguineous marriages among parents of individuals with non-syndromic cleft lip and palate. **Method and Results:** A total of 513 medical records of individuals with non-syndromic cleft lip and palate (unilateral or bilateral) were evaluated in the Hospital for Rehabilitation of Craniofacial Anomalies (HRAC-USP) regarding consanguineous marriages among parents. Among these, 10 cases of consanguinity were found between parents. Five cases comprised consanguineous union between first-degree cousins, two cases between 2nd degree cousins, a case between 3rd degree cousins, a case where the degree of kinship was not informed and a case between uncle and niece. In these cases, six were bilateral clefts and four were unilateral. **Conclusion:** The study revealed a prevalence of 1.94% of consanguineous union among parents of individuals with non-syndromic cleft lip and palate. The most reported was bilateral cleft lip and palate.

NORMATIVE NASALANCE SCORES FOR MIDDLE AGED AND ELDERLY BRAZILIAN PORTUGUESE SPEAKERS

Vanessa Moraes Cardoso, Tim Bressmann, Gillian de Boer, Viviane Cristina de Castro Marino, Eliana Maria Gradim Fabbron and Jeniffer de Cássia Rillo Dutka

Objective: This study established normative nasalance values for middle age and elderly Brazilian Portuguese speakers and investigated possible age and gender effects across the lifespan. **Methods:** Mean nasalance scores were obtained from 62 middle age and 60 elderly participants, both genders, with normal speech for three non-nasal, two nasally loaded and one phonetically balanced test sentences using the Nasometer II 6400 (KayPentax, N.J., USA). For analysis, the nasalance scores of the middle aged and elderly speakers were combined with previously acquired data from 237 younger speakers (children, adolescents, young adults and adults; Marino et al., 2016). Repeated-measures two-way analysis of variance were used to investigate differences between the stimuli by gender and age groups. **Results:** There were effects of stimuli ($F(6,2082) = 12,087.12, p > .000001$), gender ($F(1,347) = 15.16, p = .000118$), age group ($F(5,347) = 16.01, p > .000001$), a stimuli-age group interaction effect ($F(30,2122) = 9.96, p > .000001$) and a gender-age group interaction effect ($F(5,347) = 2.64, p = .023345$). Females' mean nasalance scores were higher than those for the males. Mean nasalance scores for the young speakers were significantly lower than those for elderly speakers, and children's scores were significantly lower than those of middle-aged adults. **Conclusion:** Higher nasalance scores middle aged and elderly speakers may indicate physiological changes of oro-nasal balance in speech across the life span. Clinicians and researchers should consider subject's age differences while interpreting nasalance scores, particularly when middle age and elderly are included.

NOTES ON THE ORDINANCES OF THE MINISTRY OF THE HEALTH REGARDING THE CLEFT LIP AND PALATE

Renata Cezar, Thyago Cezar and Jeniffer Cassia Rillo Dutka

Introduction: Few ones are the directives determined by the Public Power for the treatment of the cleft lip and palate. To not complementation of the legislative gaps, in his several consequences, it looks in the overcrowding of the Judiciary, the attempt of securing the decentralized, unrestricted, complex and extensive treatment, that the person with cleft lip and palate it has a right determined by the Federal Constitution. Objective: This study aims to initiate questions about the lack of regulation of the Ministry of Health regarding the basic guidelines on the right to health on the treatment of people with cleft lip and palate, given a high epidemiological incidence. In this analysis we note that there are left gaps that culminate in trouble to the full access to the right to the health, as well as consequence to judicialization. Methods: All the ordinances were analyzed, comparing them with articles 196 to 198 of the Constitution of the Republic. Based on epidemiological data, ordinances and ministerial booklets, and judged of the Brazilian Superior Courts. Conclusion: We check that there is no applicability of the right to the health, which has universal and egalitarian character, in the standards of the Ministry of Health, time that this one does not treat the theme completely, but it checks resolutions herb doctors on part of the treatment, but it excludes from the appreciation points determinative so that the subject holder of the right to the health does not reach the total rehabilitation.

NURSING DIAGNOSIS PRESENT IN INDIVIDUALS AFFECTED BY POSTOPERATIVE COMPLICATIONS

Dasy Priscila Candioto, Elaine do Carmo Rocha, Gabriela Souza de Melo Vieira, Sabrina Santos Evaristo, Ana Carolina Medeiros, Cleide Carolina da Silva Demoro Mondini and Patrícia Ribeiro Mattar Damiance

Objective: Identify the nursing diagnosis present in individuals affected by postoperative complications in craniofacial surgeries. **Methodology:** Retrospective study, exploratory-descriptive, developed at the Hospital of Craniofacial Anomalies of the University of São Paulo. The research followed all ethical precepts of the resolution 466/2012 being appreciated and approved by an Ethics Committee in Research. The sample was constituted of 208 records of postoperative complications, between the years 2009 and 2012. The nursing diagnosis was identified according to the Taxonomy II of the North American Nursing Diagnosis Association. The data was analyzed through absolute and relative frequencies. **Results:** It was noted the presence of 11 nursing diagnoses from the North American Nursing Diagnosis Association. Of these, four are classified as risk diagnoses and seven are classified as real. Among the present diagnoses, in the records of postoperative complications, the following stand out the diagnoses: infection risk, 38,5% and impaired tissue integrity, 17,8%. It was observed the absence of registration of nursing diagnoses, in 22,1% on the cards. **Conclusion:** The study allowed the identification of 11 nursing diagnoses in individuals affected by postoperative complications in craniofacial surgeries, being the most frequent ones: infection risk and impaired tissue integrity. The absence of registration of diagnoses, in the process of reception and formalization of the report of complications, can significantly impact the planning of nursing care, in the planning, trans and postoperative of craniofacial surgeries.

PHYSIOTHERAPY PERFORMANCE IN THE POST-OPERATIVE OF TEMPOROMANDIBULAR JOINT ANKYLOSIS RELEASE: CLINICAL CASE

Juliana Specian Zabotini Da Silveira, Ana Carolina Bonetti Valente, Maycon Rafael Jordão, Marina de Almeida Barbosa Mello, Marina Prado Monson Santana Takahashi and Renato Yassutaka Faria Yaedú

Objective: to show the performance and importance of physiotherapy in the post-operative of facial, head and neck surgeries, such as the surgery for temporomandibular ankylosis release. **Clinical report:** Male patient, 7 years old, with unilateral right microsomal diagnosis, mandibular hypoplasia and micrognathia. He began his treatment at the Craniofacial Anomalies Rehabilitation Hospital of the University of São Paulo (HRAC-USP) in 2011, where he was identified with Obstructive Sleep Apnea, mild level. A mandibular osteogenic distraction surgery was performed, with a procedure review one month later. One year after the initial surgery, the limitation of the buccal opening was verified, raising the hypothesis of Temporomandibular Joint Ankylosis (TJA) on the right. In February 2015, a surgery was performed to release the TJA through the arthroplasty technique. Physiotherapy began its daily work about three to four times a day during the hospitalization period, when the patient was resistant at the beginning, not very collaborative and crying. He was discharged on the 18th post-operative day, and the parents were instructed to continue the treatment at home. At 18 months of post-operative, he presented a considerable improvement in mouth opening, from 16mm to 20mm. **Conclusion:** The exercises performed by the physiotherapists and later taught to the parents, showed significant improvement in the mouth opening of the patient undergoing surgery, proving that physiotherapy and its techniques can effectively help in the rehabilitation of post-operative of head and neck surgeries.

PRENATAL DIAGNOSIS OF CLEFT LIP AND PALATE IN A BRAZILIAN SAMPLE

Juliana Silvério Campanati Mendonça, Karla Nahomi Baba Lorenzetti, Ron Strauss and Gisele da Silva Dalben

Objectives: To evaluate the percentage of individuals whose cleft lip and palate was diagnosed prenatally, evaluating the professionals involved in diagnosis, agreement of pre and post natal diagnoses, and the impact of prenatal diagnosis on the family. **Methods and Results:** The study was conducted on 200 children aged 0 to 36 months, with any type of cleft, ethnicity, gender or socioeconomic level, assisted at HRAC/USP, whose relatives responded a questionnaire. The results were analyzed by descriptive statistics and statistically analyzed by the t test 1 and Fisher exact test. Among the 200 children analyzed, 51 had prenatal diagnosis of the cleft. There was concordance between the type of cleft diagnosed prenatally and observed at birth in 32 of the 51 cases, without influence from type of cleft ($p=0.81$). In twelve cases of cleft lip and palate, the families reported prenatal diagnosis of isolated cleft lip. Also, two cases of unilateral cleft had been diagnosed as bilateral, and one case of bilateral cleft had been diagnosed as unilateral. Among the 51 cases with prenatal diagnosis, most considered the opportunity as good (34), followed by bad (8), very good (7) and very bad (1). Among the favorable reasons, the families reported the possibility to get prepared (28) and achieve information about the subject (2). **Conclusion:** The prenatal detection of cleft lip and palate is still low, especially for isolated cleft palate. The diagnosis aids the child acceptance, the psychological preparation of the family, and allows good planning of professionals who will receive the child.

PROFILE OF PATIENTS TREATED WITH PALATAL PROSTHESIS FORWARDED TO PHARYNGEAL FLAP SURGERY

Amanda Gabrieli Maffei, Maria Daniela Borro Pinto and Melina Evangelista Whitaker Siécola

Objective: To describe the profile of patients undergoing to the treatment with palatal prosthesis followed by pharyngeal flap surgery and to compare the speech results before and after treatment of the correction of residual velopharyngeal dysfunction. **Methods and Results:** Retrospective study with the analysis of 23 patients with cleft lip and palate undergoing to the treatments of the correction of velopharyngeal dysfunction (predominance of 52% of the sample with incomplete isolated cleft palate), which 14 were female and 9 male, with ages varying between 6 and 36 years at the beginning of palatal prosthesis adaptation with pharyngeal bulb. At the beginning of the treatment with palatal prosthesis, speech resonance was evaluated and classified by professionals experienced in the field, as mild (21.8%), moderate (47.8%) and severe (30.4%), and in 78.2% also had compensatory articulations. The time of palatal prosthesis use was from 3 years and 3 months to 13 years and 9 months (mean 7 years) all associated with speech therapy (21.74% at the origin town and 78.26% at the HRAC). After pharyngeal flap surgery, the patients were reassessed and the resonance classified as balanced (73.9%), mild hypernasality (8.7%) and balanced resonance with hyponasality alternations (17.4%) and absence of compensatory articulation in speech. **Conclusion:** The combined treatment of palatal prosthesis and speech therapy was effective in improving the resonance and systematization of the velopharyngeal closure, allowing the surgeon to perform the pharyngeal flap surgery while maintaining the patient's speech intelligibility.

PROSTHETIC REHABILITATION IN PATIENTS WITH ECTODERMAL DYSPLASIA ASSOCIATED WITH CLEFT PALATE: CLINICAL REPORT

Regina Magrini Guedes de Azevedo, João Henrique Nogueira Pinto, José Fernando Scarelli Lopes, Monica Moraes Waldemarin Lopes and Rafael D'Aquino Tavano

Abstract: The association of cleft lip and palate with ectodermal dysplasia becomes a major challenge for oral rehabilitation due to dental absences and malposition. **Clinical report:** The patient in question was submitted to total rehabilitation of the upper arch with fixed metal-ceramic prosthesis and milled metal crowns connected by bars, associated with the use of an overlay removable partial denture (ORPD) retained by extracoronary clamps and a bar-clip system, giving back the patient aesthetics and the correct maxillo-mandibular relationship. **Conclusion:** We can conclude that planning correctly and applying fixed partial dentures associated with overlay removable partial dentures (ORPD), play an important role in the functional, aesthetic and psychological rehabilitation of these individuals.

PSYCHOMOTOR AND AFFECTIVE-EMOTIONAL DEVELOPMENT OF INFANTS WITH CLEFT LIP AND PALATE AND ITS RELATION TO MATERNAL MENTAL HEALTH

Mayara Dos Santos Baldin and Cibelle Nunes Moretti

Objective: When diagnosed by the family, cleft lip/palate trigger reactions such as shock, denial, sadness, frustration and even rejection. These difficulties may hinder the establishment of the mother-baby bond, which is important for emotional and cognitive child development. Based on that, the study analyzed the relationship between maternal emotional difficulties, such as depression and anxiety, psychomotor and affective-emotional development of babies with cleft lip/palate. **Methods:** 40 mother-infant dyads were evaluated. Data were collected by a multiprofessional team composed of physiotherapist, occupational therapist and psychologist. The Beck Depression Inventory and the Beck Anxiety Inventory were used for assessment of maternal depression and anxiety, respectively. Neuropsychomotor and affective-emotional development were assessed by the Global Child Development Assessment Protocol and by the Baby Alarm Distress Scale (BADs), respectively. **Results:** Minimum values of depression (72.5%) and anxiety (60%) were prevalent. Moderate and severe depression (7.5%) and anxiety (12,5%) was also identified. Neuropsychomotor development was normal, with 84.7% (SD: 4.39) of the children developmental milestones by age reached by the participants. BADs indicated that 60% of the children presented good affective-emotional quality, 27.5% had a risk behavior and 12.5% presented an intense deficit. There was no statistically significant correlation between maternal mental health and the overall developmental level of the infant ($p > 0.05$). **Conclusion:** Contrary to literature data, this study concluded that children with cleft lip and palate were not affected by maternal emotional status. Indicating that being in a institutional care setting can act as a protective factor for children development.

PSYCHOSOCIAL REPERCUSSIONS OF THE PROCESS OF CARE IN PARENTS OF INFANTS WITH CLEFT LIP AND PALATE IN THE USE OF FEEDING TUBE

Tatiane Henrique, Fábio Luiz Banhara, Francely Tineli Farinha, Ana Paula Ribeiro Razera, Maria de Lourdes Merighi Tabaquim and Armando dos Santos Trettene

Aim: To uncover as psychosocial repercussions experienced by parents resulting from the care of the child with cleft lip and palate, using a feeding tube. **Method:** Qualitative study developed at the Hospital for Rehabilitation of Craniofacial Anomalies in September, 2016. A convenience sample obtained through data saturation. The unstructured interview was used to collect data. To create the results, use a Thematic Content Analysis. **Results:** Seven mothers, aged between 20 and 35 years old, married and belonging to the low social class (72%, n = 5), with incomplete secondary education (57%, n = 4) participated in the study. Of the speeches, five categories emerged: (1) impact and coping with diagnosis, (2) coping with stress and overload, (3) interaction between caregivers as acceptance and coping strategy, (4) impact on family and social life of caregivers, and, (5) facing family and community curiosity and prejudice. **Conclusion:** Initial feelings of fright, insecurity and discredit were observed, but the benefits of the use of the feeding tube promoted a later acceptance of it. It was observed social isolation, great overload and stress of mothers due to solitary care, as well as the benefit of social support in overcoming the difficulties of care. Overload and stress were mainly related to the fact that the mothers did not receive support from the spouse or relatives and sometimes because they did not trust the care provided by other people. The maternal figure plays the main role in the care of these infants.

QUALITY OF LIFE IN MOTHERS OF PATIENTS WITH CLEFT LIP AND PALATE

Leide Vilma Fidélis Da Silva, Karine Aparecida Arruda and Vanessa Langelli Antunes

Objective: Evaluate and compare the quality of life (QL) in mothers of patients with cleft lip and palate in the early and end stages of treatment. **Method:** Mothers of patients with cleft lip and palate who remained as companions during the hospitalization for clinical or surgical treatment at the Rehabilitation of Craniofacial Anomalies Hospital – (HRAC-USP) were evaluated. Short Form Health Survey (SF-36) was used to assess the QoL in mothers after the first day of hospitalization. Mothers were divided in two groups according to treatment phase of their children: early (group 1) and end (group 2). **Results:** It has been done a cross-sectional analytical study. 49 mothers were assessed, with Group 1 was composed of 24 and Group 2 was composed of 25. The most frequent treatment in patients of Group 1 was gastrostomy (25%) and Group 2 was the orthognathic surgery (60%). In the SF-36 domain "general health", Group 2 presented lower scores when compared to Group 1 [Group 1: 67.0 (57.8 - 77.0); Group 2: 57.0 (42.0-64.5); $p = 0.004$]. In the "vitality" domain, Group 2 similarly, presented lower scores [Group 1: 75.0 (65.0 - 90.0); Group 2: 65.0 (37.5-75.0); $p = 0.01$]. In the other domains there was no significant difference. **Conclusion:** Mothers at the end of the treatment have a worse quality of life when compared to those in the early stage.

RECONSTRUCTING THE HISTORY OF SOCIAL SERVICE IN HRAC: 2002 TO 2013

Amábile Franceli Pagani Rodrigues and Érica Aparecida Brandão Dolo Fabiano

Objective: The present research aimed to rebuild the General history of Social Service at the Hospital for Rehabilitation of Craniofacial anomalies (HRAC) from University of São Paulo (USP), in the period from 2002 to 2013. **Method and Results:** The typology of research was descriptive comprising bibliography and documentation. In the survey of the scientific production of Social Service the bibliographic database of the HRAC was used covering 178 published papers, and in the documentary 12 annual reports from the Social Service. It was found an extensive scientific production of the Social Service (178/100%) comprising mostly of research specialization (41.7%) and updating (39.9%) with topics related to social policy (26.4 %), work (44.9%), family (17.4%) and social movements (11.2%) involving the areas of cleft lip and palate (60.7%) and hearing health (27.0%). The dissemination of scientific production occurred in journals, books or conference proceedings (75.8%). Different programs to provide services in the Outpatient clinic, Inpatient and community projects have been kept (100.0%) except the partnership with the Public Prosecutor's Office and the DoAr Program (58.3 percent). **Conclusion:** When the social workers of the HRAC take on responsibilities not only in the sphere of provision of services, but in teaching and research, understood as inseparable, they meet the ethical-political principles of the profession in a committed way, regarding to the quality of services provided for the critical seizure of social processes in a perspective of totality.

REFERENCE SAMPLES OF SPEECH NASALITY AND THEIR INFLUENCE ON PERCEPTUAL-AUDITORY EVALUATION IN CLEFT LIP AND PALATE

Mariana Jales Felix da Silva-Mori

Objective: To verify the influence of the use of reference samples in the perceptual-auditory evaluation of nasality. **Methods:** Three experienced Speech-Language Pathologists (SLPs) established 72 reference speech-samples. The speech stimuli included high and low pressure sentences and numerical counting produced by operated cleft palate speakers of both genders, from three age groups (6-9, 13-17, and up to 18 years). Three evaluator-groups (G1: Speech Program-undergraduate-students, G2: SLPs without cleft palate background, and G3: SLPs attending HRAC-USP's Residency Program) evaluated 432 experimental samples twice: firstly with no access to the reference samples and later with access to the references. Additionally, after two weeks, they re-evaluated 216 randomly selected samples to establish intra-rater agreement. None of the evaluators of the three groups had prior experience with formal training for classifying hypernasality related to cleft palate speech. **Results:** After accessing the reference samples, the inter-evaluator agreements increased from regular ($K=0.20$) to substantial ($K=0.63$) for G1, remained moderate ($K=0.40$ and 0.58) for G2 and, increased from moderate ($K=0.54$) to substantial ($K=0.66$) for G3. Intra-evaluator agreements increased from moderate ($K=0.42$) to substantial ($K=0.64$) for G1, moderate ($K=0.50$) to substantial ($K=0.64$) for G2, and remained moderate ($K=0.45$ and 0.58) for G3. **Conclusion:** There was improvement in inter and intra-evaluator agreements after accessing the reference samples, particularly for the group of undergraduate students, suggesting that reference samples can be used to train students and SLPs to evaluate nasality of cleft palate speakers.

RELATIONSHIP BETWEEN MAXILLARY ARCH DISTANCES AND LISPING IN CHILDREN WITH OPERATED UNILATERAL CLEFT PALATE

Flora Taube Manicardi, Melina Evangelista Whitaker, Thais Alves Guerra, Maria Inês Pegoraro-Krook, Jeniffer de Cássia Rillo Dutka, Rita de Cássia Moura Carvalho Lauris and Viviane Cristina de Castro Marino

Objective: To investigate the relationship between maxillary dental arch distances and lispings in the speech of children with operated unilateral cleft palate (UCLP). **Methods:** Inter-canine and inter-molar maxillary distance measures were established from dental arch casts, obtained during the mixed dentition stage and before orthodontic treatment from 66 children with operated UCLP. These maxillary distance measures were related to the auditory identification of lispings established by analyzing recordings of two phrases with [s] and [ʃ] sounds, produced by the same children. While three orthodontists rated the dental arches, three speech-language pathologists consensually rated all speech productions. **Results:** The speech-language pathologists identified lispings during the production of [s] in 32 (49%) of the 66 recordings. The lispings group presented mean inter-canine distance of 26.81 mm compared to mean distance of 26.84 mm found for the group of 34 recordings in which lispings was not identified. Mean inter-canine distance difference between groups with and without lispings was not significant ($p = 0.973$). During the production of [ʃ], lispings was identified in 17 (26%) recordings and this group presented a mean inter-molar distance of 48.99 mm, compared to the mean inter-molar distance of 50.13 mm found for the group of 49 recordings in which lispings was not identified. Mean inter-molar distance difference between groups was not significant ($p = 0.319$). **Conclusion:** This study revealed no association between lispings and inter-canine/inter-molar distance measures in children with operated UCP, suggesting that other variables may play a role in determining occurrence of lispings.

RESPIRATORY PHYSIOTHERAPY IN A PATIENT WITH SEQUENCE OF ROBIN AND CONGENITAL CYTOMEGALOVIRUS

Isabela Trindade Martins Amaro, Karine Aparecida Arruda, Vanessa Langelli Antunes, Juliana Specian Zabotini da Silveira and Talita Gomes Torres De Conti

Objective: To report respiratory physiotherapy in a patient with Robin Sequence and congenital cytomegalovirus admitted to the Hospital for Rehabilitation of Craniofacial Anomalies of Bauru (HRAC). **Clinical report:** Patient, four months of life, male, born at term, type II obstructive respiratory failure; choanal atresia; dysphagia; inguinal, scrotal and umbilical hernia; hepatosplenomegaly; interatrium communication without hemodynamic repercussion. Patient hospitalized from birth in another center, under mechanical ventilation with three failed extubations. When admitted to HRAC on 06/12/2017, he was extubated and opted for nasopharyngeal cannula treatment. However, after worsening of overall health state, requiring new endotracheal intubations (ET). Congenital cytomegalovirus was diagnosed, starting treatment with Ganciclovir, and after the beginning of the treatment there was worsening of respiratory disorder and thrombocytopenia. Reduction in the dose of antiviral and association of antibiotic and antifungal was established. The patient presented two cardiorespiratory arrest and after a further worsening, a tracheostomy was performed. During the hospitalization, respiratory physiotherapy was performed, which met the specific need at each moment. Therapies included bronchial hygiene and pulmonary reexpansion maneuvers, inhalation with 0.9% saline solution, aspiration and noninvasive mechanical ventilation. It was necessary to discontinue a therapy during the period the patient had thrombocytopenia. **Conclusion:** Respiratory physiotherapy was required during the entire hospitalization, varying the objective according to the clinical state and the intercurrents presented.

RESPIRATORY PHYSIOTHERAPY IN ORTHOGNATHIC SURGERY: CLINICAL REPORT

Maycon Rafael Zanoni Jordão, Ana Carolina Bonetti Valente, Juliana Specian Zobotini, Marina Prado Monson Santana Takahashi, Marina de Almeida Barbosa Mello and Renato Yassutaka Faria Yaedú

Objective: To report a clinical case in which the performance of respiratory physiotherapy in post-operative period of orthognathic surgery and its possible complications can be observed. **Clinical report:** Patient in the final phase of rehabilitation for cleft lip and palate correction, male, 33 years old, submitted to orthognathic surgery for maxilla advancement. During the surgery, there were episodes of arterial hypertension, but none interurrences related to intubation neither mechanical ventilation. In the immediate postoperative period, he was admitted with peripheral oxygen saturation of 96%, respiratory rate of 16 incursions per minute, heart rate of 58 beats per minute and blood pressure of 140x80 mmHg. Pulmonary auscultation revealed to be vesicular murmur present, but globally decreased and snoring presence in the left hemithorax, which was suggestive of pulmonary secretion. After careful evaluation, respiratory physiotherapy was performed through pulmonary reexpansion maneuvers and bronchial hygiene with subsequent aspiration of the airways with the presence of a small amount of fluid and bloody secretion. Afterwards, a new evaluation was performed with pulmonary auscultation, obtaining the presence of vesicular murmur, slightly decreased in the middle thirds of both hemithorax and without adventitious noises, suggesting an improvement in the patient's condition. **Conclusion:** Physiotherapy has a wide range of resources to treat possible respiratory complications in the postoperative period of orthognathic surgery and other face surgeries, avoiding worsening of the patient's clinical condition and ensuring a safer and faster recovery.

RESPIRATORY PHYSIOTHERAPY IN THE PREOPERATIVE PERIOD OF PALATOPLASTY: CLINICAL REPORT

Vanessa Langelli Antunes, Karine Aparecida Arruda, Talita Torres De Conti and Juliana Specian Zobotini da Silveira

Objective: To describe a case of respiratory physiotherapy care in preoperative period of palatoplasty. **Clinical report:** Female patient, three years old, diagnosed as Apert Syndrome, previous submitted to tracheostomy. The patient underwent preoperative physiotherapeutic intervention between 24/11/16 and 02/12/16, in order to maintain clinical condition for cleft palate surgery. Patient awaited results of the preoperative exams during mentioned period. At initial evaluation, there were rhonchi and a change in the amount and appearance of the pulmonary secretion. Seven sessions of respiratory physiotherapy were performed, including maneuvers of bronchial hygiene, inhalations with saline solution 0.9% and tracheal aspiration. Patient maintained good clinical condition and was submitted to surgery of palatoplasty and otological microsurgery on 5/12/16. She was discharged on third postoperative day, without respiratory complications during this period. **Conclusion:** Preoperative respiratory physiotherapy probably is patient's surgical clinical condition, besides preventing an unfavorable lung condition for surgery.

RISK INDICATORS FOR HEARING AND PERCEPTION OF CAREGIVERS OF CHILDREN HOSPITALIZED IN THE SEMI-INTENSIVE UNIT

Mariana Rodrigues Canales, Giovana Rinalde Brandão, Adriana Guerta de Souza, Andréa Cristina de Almeida dos Santos Farah and Sílvia Helena Alvarez Piazzentin-Penna

Purpose: to describe the characteristics of the audiological examination of patients admitted to the Semi-Intensive Care Unit (SICU), identifying the caregivers' perception of the patient's auditory behavior as well as the risk indicators for hearing. **Methods:** the data from 162 records of patients hospitalized at the SICU of the Hospital of Rehabilitation of Craniofacial Anomalies, University of São Paulo (HRCA-USP) between the period of 2013 to 2014 were analyzed. Data were collected from the protocol of audiologic anamnesis, used in routine care at the SICU of HRCA-USP which is based on the Joint Committee on Infant Hearing 2007. We investigated the type of anomaly, the pre, peri and postnatal conditions and the otological data according to the caregivers' perception. **Results:** of the 162 medical records analyzed, 90% had some type of cleft, 49% of which was associated with the Pierre Robin Sequence. Regarding gestational data, 93% had prenatal care, 63% reported health problems or trauma during pregnancy, use of medication in 51%, and use of cigarettes and/or alcohol in 7.3%. Breastfeeding was performed in 38% of cases, neonatal hearing screening with otoacoustic emissions was performed at place of birth in 47% and complaints of hearing loss and/or otitis were reported in 6.7% of the cases. **Conclusion:** risk indicators for hearing as proposed by Joint Committee on Infant Hearing were identified in the population studied including pre, peri and postnatal interurrences, craniofacial anomalies and otological complaints. Audiological follow-up in this population is essential.

SELF-EFFECTIVENESS OF MOTHERS AND INDEPENDENCE OF CHILDREN WITH CLEFT LIP AND PALATE

Laiza Oliveira Vilela, Bruna Camilo Rosa, Ana Paula Ribeiro Razera and Maria de Lourdes Merighi Tabaquim

Objective: To identify the relation of the independence pattern of children with cleft lip and palate and the level of perceived self-efficacy of the caregiver mother. **Method:** 30 females, aged 18 to 30 years, mothers of children with non-syndromic cleft lip and palate, aged 4 to 5 years, comprising three groups - G1: 10 mothers of children with cleft lip; G2: 10 mothers of children with cleft lip and palate; G3: 10 mothers of children with cleft palate. The following instruments were applied: the Self-efficacy Perceptual Scale and the Katz Index of Daily Life Activities. **Results:** When analyzing the caregiver's self-efficacy to respond to the child's inappropriate behavior, G1 and G2 presented better indicatives, and G3 presented greater loss related to disciplinary educational practices (in the G1 and G2 70% within the range considered satisfactory of self-efficacy, in the G3 only 30%). According to the caregivers' perception of the autonomy of the child cared for in routine activities, the condition of independence predominated in all groups. However, in G3, 30% of the children were partially dependent on the activities, requiring more the caregiver. **Conclusion:** The G3 demonstrated high percentages of mothers of children with dependent behaviors, and the mothers perceive more difficulties in dealing with inappropriates behaviors of the children, indicating correlation between these two variables. Further studies should be done with this population, as well as interventions should be performed with these caregivers mothers to train skills to deal with children's behavioral problems.

SLEEP RESPIRATORY DISORDERS IN YOUNG ADULTS WITH REPAIRED CLEFT LIP AND PALATE FOLLOWING PHARYNGEAL FLAP SURGERY

Alícia Graziela Noronha Silva Salgueiro, Eliete Janaína Bueno Bighetti, Letícia Dominguez Campos, Ivy Kiemle Trindade-Suedam and Inge Elly Kiemle Trindade

Objective: To verify whether pharyngeal flap technique for the treatment of velopharyngeal dysfunction affects sleep quality and leads to obstructive sleep apnea (OSA) in young adults with cleft lip and palate.

Method: A clinical study, approved by the institutional review board (n° 1,305,590), was performed in six subjects, 20-39 years of age, 50% men, before and after surgery. Sleep quality and risk for OSA were verified by using the Epworth Sleepiness Scale (ESS) and the Berlin Questionnaire (QB). Reports of oral breathing (OB), snoring (S) and breathing pauses during sleep (BP) were also investigated. OSA was diagnosed by nocturnal polysomnography (PSG) (EMBLA N7000), with AHI values ≥ 5 being considered as presence of OSA. Patients with nasal obstruction or obesity were not included in the study. **Results:** Descriptive data analysis showed that before surgery, 33% of the patients had excessive sleepiness, according to ESS, and none case had high risk for OSA, according to QB. Symptoms of OB, S, PB were reported by 50%, 67% and 0% of the cases. Postoperative proportions were of 68%, 83%, 50% and 0%, respectively, and only one case presented with high risk of OSA. On PSG examination, no patient had OSA before surgery. However, the patient who presented a high risk for OSA on QB after surgery, had OSA of mild degree confirmed by PSG. **Conclusion:** Preliminary data suggest that pharyngeal flap surgery performed in young adults with cleft lip and palate may interfere with sleep quality and lead to OSA.

SOCIODEMOGRAPHIC PROFILE AND THE MAIN COMPLAINT OF INDIVIDUALS AFFECTED BY POSTOPERATIVE COMPLICATIONS IN CRANIOFACIAL SURGERIES

Patrícia Ribeiro Mattar Damiance, Dasy Priscila Candioto, Elaine do Carmo Rocha, Gabriela Souza Melo Vieira, Myriã de Oliveira Cardoso da Costa, Sabrina Silva Evaristo and Cleide Carolina da Silva Demoro Mondini

Objective: To describe the sociodemographic profile and the main complaint of individuals affected by postoperative complications in craniofacial surgeries. **Methods:** Retrospective, exploratory-descriptive study developed at the Hospital of Craniofacial Anomalies of the University of São Paulo. The sample consisted of 208 postoperative complications recording forms between 2009 and 2012. The variables were gender, age range, place of residence e main complaint. Data were analyzed by means of absolute and relative frequencies. **Results:** Considering the variable gender and age range, it was observed that 52.2% of the individuals affected by postoperative complications were males and were in the age range > 1 year < 2 years - 23.6% and > 2 years < 4 years – 11.1%. In relation to the age group, in 28% of the records of intercurrents the age of the individual was not recorded. Focusing on the state of residence, it was verified that 47.2% of the tokens did not contain the registry. The state of São Paulo was the home of 29% of the individuals. Among the main complaints, the variable "other complaints" had the highest expression – 43.3%, followed by the complaint of partial dehiscence – 36.6%. **Conclusion:** The postoperative complications involved children between one and three years of age, male, inserted in the state of São Paulo. The main complaint focused on the variable "other complaints" and partial dehiscence. The absence of records in the postoperative complications record deserves to be highlighted and valued as an institutional challenge, in the scenario of the health information registration system.

TELEDUCATION AND CHILD DEVELOPMENT: CONTRIBUTIONS OF THE HEALTH PROFESSIONAL TO PARENTS AND TEAM

Lyana Carvalho E Sousa, Márcia Cristina Almendros Fernandes Moraes, Caroline Duchatsch Ribeiro de Souza, Mayara Cristina Alves da Silva, Juliani Marcandeli Mansano, Élvio Gilberto da Silva, Patrick Pedreira Silva and Luciana Paula Maximino

Objective: To develop and analyze a virtual environment on the development of children with and without cleft lip and palate and/or craniofacial anomaly for parents and professionals through Tele-education and to analyze the knowledge of parents and professionals about development, and applicability. **Methods:** It was formulated a virtual learning environment on the development of children from zero to two years old. The website has been evaluated in two stages: Assessment 1 (content), participated five occupational therapists and five speech therapists. Assessment 2 (applicability) - in the pre-test, participated thirteen responsible for children enrolled in HRAC / USP, seven hospital professionals from different areas. Three responsible and six professionals participated in the post-test. The outcome of Evaluation 1 was subjected to descriptive analysis and quantitative-qualitative treatment using Emory's analysis and Assessment 2 was analyzed descriptively, with frequency calculations of responses to the closed and open questions from the questionnaire used. In the post-test, participants completed the Motivational Research Sheet (FPM). **Results:** The quality of the website was considered in Evaluation 1 "Adequate" by 81.1% of the evaluators, while content by age group was considered "Excellent" by 94.3%. As for the questionnaire applied in the post-test, there was an increase in the number of correct answers in relation to the pre-test in 16 questions. The results from FPM ranked the website as impressive. **Conclusion:** The virtual environment in the care of children with cleft lip and palate was relevant, being able to benefit therapeutic processes and facilitate access to this information.

THE CARE OF THE CHILD DYSPHAGIC WITH CLEFT LIP AND PALATE USING FEEDING TUBE: PARENT'S EXPERIENCE

Fábio Luiz Banhara, Tatiane Henrique, Francely Tineli Farinha and Armando dos Santos Trettene

Objective: To understand the experience of parents regarding the care of the child with cleft lip and palate using a feeding tube. **Method:** a qualitative study developed at the Hospital for Rehabilitation of Craniofacial Anomalies in September 2016. The sample was obtained through data saturation and consisted of seven participants. The unstructured interview for data collection was used, which was recorded and transcribed in its entirety. Thematic Content Analysis was used to compile the results. **Results:** Seven mothers participated in the present study, aged between 20 and 35 years, married (100%, n=7) and belonging to low social class (72%, n=5). The majority of the participants presented incomplete secondary education (57%, n=4). Five categories emerged: (1) "assimilating the diagnosis and the need to use the feeding tube", (2) "learning the care", (3) "caring for the home", (4) "seeking social support" and (5) "envisioning the near future: fears and expectations". **Conclusion:** The maternal figure was shown as the main care provider. The main aspects of the experience of these mothers included the process of assimilation of the diagnosis and the need to use the catheter, the challenge of learning and carrying out care in the home environment, as well the need for social and emotional support. It is important to include in care of infants and parents and informal caregivers in the same context. The provision of systematized guidelines on the care and prognosis of infants can minimize fears and unfavorable expectations in these caregiver mothers.

THE MOTOR SKILLS OF INFANTS ON THE VIEW OF OCCUPATIONAL THERAPY

Mayara Cristina Alves Da Silva, Juliani Marcandeli Mansano, Luiza Souza Bukvic, Caroline Duchatsch Ribeiro de Souza and Márcia Cristina Almendros Fernandes Moraes

Objectives: To identify motor skills in infants up to 12 months old, with craniofacial anomalies and/or associated syndromes. **Methods:** The research started after the approval by the Research Ethics Committee on Human Beings of the Craniofacial Anomalies Rehabilitation Hospital of University of São Paulo (HRAC-USP). The Alberta Infant Motor Scale (AIMS) instrument was used, which is an observational scale that evaluates the up to 18 months old infants' spontaneous motor skills. The scale is constituted by 58 items in four sub-scales, which refer to the motor development sequence, weight discharge and the anti-gravitational musculature in the prone (21 items), supine (9 items), sitting (12 items) and standing (16 items) postures. According to the score, the >25% percentile is considered a typical development, from 5% to 25% suspicious (risk to motor development) and <5% abnormal (delay for motor development). The data collection occurred at the Special Care Unit and in the Stimulation Room in the Occupational Therapy of the HRAC-USP, lasting approximately 20 minutes. The evaluations were recorded and visualized by two evaluators for a better accuracy. **Partial results:** 21 infants were evaluated and, among them, 52,38% presented typical motor development, while 33,33% risk and 14,19% delay. The parents were informed and oriented about the relevance of early stimulation and about accurate resources for age group, which can benefit motor skills. **Conclusion:** We can conclude that alterations in motor skills were identified making monitoring and orientations regarding the development of infants at risk or delay groups indispensable.

THE PRE-SURGICAL PSYCHOLOGICAL PREPARATION OF PATIENTS WITH CRANIOFACIAL ABNORMALITIES: MULTIPROFESSIONAL INTERNESHIP PROGRAM EXPERIENCE REPORT

Anaí Ramos Vieira, Mariani da Costa Ribas do Prado, Ana Luiza Martins Apolônio and Maria de Lourdes Merighi Tabaquim

Objectives: The Craniofacial Rehabilitation Hospital (HRAC), based in Bauru - SP hosts a Multiprofessional Internship Program in Craniofacial Anomalies and Syndromes since 2010. One of such professionals are the Psychologists whom apply, among other procedures, the Pre-surgical Psychological Preparation of patients with craniofacial abnormalities and their relatives. Since undergoing surgery heavily impacts the mental and emotional well-being of the patients and their relatives, the Psychological Preparation is of extreme importance since it diminishes anxiety and favors tranquility and comprehension to develop new feeling regarding the surgical procedures. That being said, the objective of this work is to describe the Psychology Intern's role in the Pre-surgical Psychological Preparation.

Methods and Results: During the Psychological Preparation the Intern verifies the relatives' knowledge about the surgery and postoperative care, gauges their adaptability and resources to undergo this period of hospitalization. On children the Intern tries to minimize fear and fantasy with playful techniques such as the dramatization on overthinking about imaginary problems using Playmobil Hospital and the Toy Patient.

Conclusion: The role of the Psychology Intern on the Pre-Surgical Preparation is one of great importance, both for the work experience for the Intern and the overall quality of life of the patient by reducing their anxiety, leveling their expectations with reality and raising future treatment adoption, enabling them and the relatives to better deal with surgery and postoperative procedures.

THE PROCEDURES OF THE OCCUPATIONAL THERAPY IN THE MANUFACTURING OF TOYS AND CHILD'S PLAY FOR STIMULATING THE DEVELOPMENT OF CHILDREN WITH HEARING DISABILITY

Isabela Reis Ribeiro, Rosane Martinez Frutuoso, Raíssa Fernanda Martinez dos Santos, Mayara Cristina Alves da Silva, Juliani Marcandeli Mansano, Lyana Carvalho e Sousa, Armando dos Santos Trettene and Márcia Cristina Almendros Fernandes Moraes

Objective: To construct and validate a guidance handbook for family about toys and games that stimulate the development of children from two to ten years old with hearing impairments. **Methods:** The research had been developed in two moments: construction and validation of the manual. Seven people participated in the validation.

Six professionals from child's development area, Post-Graduated, Lato or Stricto Sensu and with publications in the area; One participant is a patient's family member at the Specialized Center for Auditory Development (CEDAU) - linked to the Hospital of Rehabilitation of Craniofacial Anomalies of the University of São Paulo - HRAC / USP. For the validation, the Delphi Technique was used to evaluate the consensus of opinions between the judges and the Content Validation Index (IVC). **Results:** Validation occurred in two cycles. Regarding the evaluation of the items, the CVIs regarding comprehensiveness, clarity and pertinence were, respectively, in the first evaluation - 0.78, 0.79 and 0.89; and in the second evaluation - 0.97, 0.99 and 0.97. The agreement rate was 82% in the first evaluation and 98% in the second evaluation. **Conclusion:** The development and validation of this Guidance has contributed to standardize and facilitate its application, making it reliable in guiding parents and caregivers about toys and child's play that contribute to the neuropsychomotor development of children with hearing impairments.

THE USE OF SURGICALLY IMPLANTABLE PROSTHESIS IN A PATIENT WITH CRANIOFACIAL ANOMALIES: CASE REPORT

Karina Costa Brosco Mendes, Rubens Brito, Luiz Fernando Lourençone and Ana Paula Fukushima

Introduction: Hearing impairment is a common finding in patients with ear malformation and may vary in type and degree. Surgical procedures or adaptation of an individual sound amplification device (ISAD) can be part of the rehabilitation process. With technological advances, we now have technologies that do not require the use of devices that cause physical and emotional discomforts to patients, as is the case of vibrating arcs used for amplification of sounds through the bone. The middle ear surgically implanted prosthesis is a mid-ear implant system that has opened up new aural possibilities for patients who do not benefit from hearing aids or who cannot use them for medical reasons. Considering this type of patient, these prostheses are used in moderate to severe conductive and/or mixed hearing losses. **Case Report:** To describe a clinical report of an adult patient with craniofacial anomaly associated with cleft lip and conductive hearing loss with surgically implantable middle ear prosthesis. Relevant data regarding the audiological diagnosis, benefit with the ISAD, clinical conduct, as well as the benefits with the prosthesis to elucidate the case will be presented.

THREE DIMENSIONAL MORPHOMETRIC ANALYSIS IN ROBIN SEQUENCE PATIENT UNDERWENT TO MANDIBULAR OSTEOGENESIS DISTRACTION

Myrna Mendonça de Araujo, Adriano Evangelista Borges, Ana Paula Fukushiro, Nivaldo Alonso and Cristiano Tonello

Mandibular osteogenesis distraction (MOD) consists in elongation of the mandible and adjacent soft tissues, obtained by gradual traction applied to both osteotomized bone surfaces with a distractor (Looby et al, J Craniofac Surg, 2009). MOD represents a traditional management method of the upper airways impairment in patients with micrognathia, especially in Robin Sequence (RS) (Rachmiel et al, J. Oral Maxillofac Surg, 2005). This study purpose is to present quantitative volumetric evaluation of upper airway using three-dimensional-CT (3D-CT) with Dolphin software and polysomnography in a RS child before and after MOD. CASE REPORT: Male patient, 3 years old, was found RS non syndrome associated, without previous surgical procedures to micrognathia and impairment respiratory. Clinical presentation and Polysomnographic study confirmed OSAS (AHI: 14.1). Upper airway endoscopy evaluation showed severe glossoptosis not associated with other abnormalities. Bilateral osteotomy of mandibular body and adaptation of external distractors were performed resulting in micrognathia correction, forward displacement of the tongue, and clinical improvement of OSAS and of polysomnographic parameters (AHI: 0.7). MOD revealed successful increase of upper airway volume with a mean of 118%. Moreover, there was improved apnea index and oxygen saturation and elimination of OSA symptoms. CONCLUSION: MOD is reserved for cases in which glossoptosis is identified as a cause of airway obstruction in RS patients, who do not improve with clinical care. Results demonstrated that following MOD, volume of the upper airway increases, eliminating symptoms of OSAS and preventing tracheostomy.

TRACHEAL CONGENITAL SLEEVE IN PFEIFFER SYNDROME: 2 CASE REPORTS

Adriano Evangelista Borges, Myrna Mendonça de Araújo, Nivaldo Alonso and Cristiano Tonello

Objectives: Tracheal cartilaginous sleeve (TCS) is a rare congenital malformation presented exclusively in patients with craniosynostosis syndromes (Davis S et al, *Pediatr Pathol*, 1992). It is characterized by fusion of tracheal rings, including the entire trachea and may affect tracheobronchial trees (Noorily MR et al, *Journal of Pediatric Surgery*, 1999). Pfeiffer, in 1964, described a syndrome with the presence of the following clinical signs: craniosynostosis, broad thumbs, broad great toes, and partial soft tissue syndactyly of the hands and feet which was a variable finding (Cohen MM, *AMJ Genetics*, 1993). Reports of TCS in Pfeiffer Syndrome (PS) are infrequent. The objective of this article is to report 2 patients with the association. **Case Reports:** Two similar cases of female patients born with respiratory distress and who were intubated immediately at birth. On clinical examination, both children had clinical aspect of PS, confirmed later by Genetics, with dysmorphic facies, cloverleaf skull, hypoplastic maxilla, macroglossia, elbow ankylosis, broad thumbs, broad great toes, anorretal malformation. CT scan indicated suture malformation but only one child had choanal atresia. Tracheostomy was performed around 29 days of life and during procedure, tracheal rings were unidentified in both patients. Nasofibroscopy was performed verifying the absence of tracheal arches. **Conclusion:** Tracheal anomalies associated of PS were identified in other studies. A high index of suspicion must be maintained by clinicians in the airway evaluation of patients with PS to diagnose tracheal anomalies and treat them appropriately.

UNCOMMON CAUSE OF MICROGNATHIA AND CERVICAL LIMITATION: CASE REPORT OF PTERIGIUM COLLI MEDIANUM

Priscila De Mello Papa, Myrna Mendonça de Araujo, Nivaldo Alonso and Cristiano Tonello

Purpose: To describe a rare cause of cervical movement and mouth-opening limitations in a pediatric patient. **Report:** Female patient—one year and six months old—with a linear thickening of the skin that extends from the mental region to the sternal furcula, causing difficulty in the extension of the head and mouth opening. Radiological examinations showed no alterations in deep neck structures. It was submitted to the surgical excision of the lesion, and the material was considered to be anatomopathological, proving that the dermal fibrosis diagnosis is associated with a lymphocytic infiltrate. **Conclusion:** pterigium colli medianum is a rare anomaly that may be isolated or associated with other malformations. It presents in the form of a fibrous cord, which extends from the symphysis of the mandible to variable regions of the neck. Depending on the size of this cord, other anatomical changes may occur such as micrognathia and jaw protrusion, or functional changes such as difficulty in moving the head and neck. The treatment is eminently surgical, with the resection of the lesion and Z-plastic. There are no reports of relapse after resection. The sooner it is resected, the fewer the sequelae result from the injury.

UNILATERAL CLEFT LIP AND PALATE SURGICAL-ORTHODONTIC TREATMENT APPROACH: CASE REPORT

Ingrid Ivanna Huayta Aguirre, Patricia Jost, Rogério Almeida Penhavel, Adriano Porto Peixoto and Tiago Turri de Castro Ribeiro

The cleft lip and palate is the most prevalent craniofacial anomaly around the world and requires interdisciplinary approach. The objective of this abstract is to exemplify the HRAC's interdisciplinary treatment of a patient with unilateral cleft lip and palate (UCLP) and its functional, aesthetics and psychosocial benefits at the end of orthodontic treatment. Male patient, left UCLP operated lip and palate at 12 e 24 months respectively, presented at age 13 pronounced deficient maxillary development, 22 agenesis e anterior upper and lower crowding. The patient was diagnosed as skeletal class III due to maxillary deficiency to correct with orthognathic surgery. The extraction of the 12 (anomalous) was indicated for midline correction and to obtain hemi-arches symmetry, in this phase it was observed that the alveolar bone grafting was not necessary to perform due to the small magnitude of the bone defect. The orthodontic treatment began at the age of 20 with the extraction of the 42 for low crowding resolution. The Bolton discrepancy created by this exodontia was solved with upper canines stripping. The orthognathic surgery was performed with Lefort I and maxillary symmetric advancement. The orthodontic appliance was removed and dental aesthetics procedures were made. At 30 years of age the patient presented stable and functional occlusion, pleasant facial and dental esthetics and satisfaction with the results obtained. We conclude that the interdisciplinary treatment developed by the HRAC team gives patients with CLP aesthetic and functional benefits contributing to improve their quality of life.

UNUSUAL ORTHODONTIC EXTRACTION TREATMENT IN BIPROTRUSIVE UNILATERAL CLEFT LIP AND PALATE

Patrícia Jost, Renata Sathler, Rogério de Almeida Penhavel, Ingrid Ivanna Huayta Aguirre, Adriano Porto Peixoto and Tiago Turri de Castro Ribeiro

Objectives: Four premolar extractions are usually an option for biprotrusive orthodontic patients. However, in regard to cleft lip and palate patients it is often necessary to consider different biomechanical approaches due to agenesis, dental anomalies and midline deviation. In addition, cases which there were alveolar bone graft failures demand options such as unusual extractions protocol and non-conventional mechanics. **Clinical report:** a 26-year-old female patient with unilateral cleft lip and palate showed agenesis of left maxillary lateral incisor, maxillary dental midline deviation to the left, ½ Class II malocclusion, severe crowding, presence of left maxillary lateral incisor distal to the cleft, displaced mandibular canines and the right mandibular canine had gingival recession. Besides this, she was a biprotrusive patient with lack of lip seal. Orthodontic treatment started with right maxillary lateral incisor extraction for midline correction such as left maxillary lateral incisor distal to the cleft and mandibular canines extractions. Alveolar bone graft was performed but with no success and the case demanded prosthetic rehabilitation. By the end of the treatment, it was attained Class I molar and Class II canine relationship. Mandibular premolars assumed mandibular canines place such as maxillary canines assumed maxillary lateral incisors site. The site from right maxillary central incisor to left maxillary canine was rehabilitated with fixed dental prosthesis. **Conclusion:** The final result shows the good quality of this case atypical approach, which proved to be highly achievable in means of aesthetic and facial goals.