

SPEECH PATHOLOGY MANAGEMENT WITH A CLEFT PALATE AND SHORT LINGUAL FRENUM CHILD: CLINICAL REPORT

Schilling GR*, Flores JB*, Brandão LTB*, Ribas LP, Barbosa LR, CARDOSO MCAF;

DEPARTAMENTO DE FONOAUDIOLOGIA/UFCSPA

OBJECTIVE: To show Speech Pathology management. **CLINICAL REPORT:** The cleft palate boy initiated therapy in 2012 March with 5 month of life with a nasal enteric feeding tube NFT and clinical data of: gastro esophageal reflux; bronchiolitis' and aspiration; low weight; crying weak and continuous; sucking/swallowing incoordination with modified cervical auscultation – CA; larynx noises before, during and after feeding; short frenum; posterior tongue position; not nutritional suction - NNS fast, arrhythmic and without defined pauses. For the low weight and incessant crying, was oriented to diminish the period enters the diet administration in positioning half-seated and for the prognathism, he was directed for remove frenum. With the recommendation of biweekly attendance, the boy was inserted in clinical management. For orientation of pediatric he initiated the use of oral feeding - OF. Between the fifth and tenth month of life it was observed: profit of continuous weight; reduction of crying; regular sleep and vigil periods; CA with presence of noises after feeding; NNS and NS with posterior tongue position, rhythmic and with pauses. After the removed frenum (with 10 months) he gradually anterior his tongue and initiated palate support, however, it was observed nasal reflux, muscular fatigue and refuses of oral feeding. By the 12 months, he initiated thick consistency food, without nasal reflux, adjusted closed lips with spoon use and his face growth with harmony. With the spontaneously removed of the NFT, we regard the maintenance of oral feeding. **CONCLUSION:** The speech pathology intervention revealed basic for the adequate development of oral facial structures and functions.