

ORTHODONTIC-SURGICAL TREATMENT IN MONOZYGOTIC TWINS WITH UNILATERAL CLEFT LIP AND PALATE AND VAN DER WOUDE SYNDROME

BASTOS RTRM**, Alberconi TF**, Okada DR**, Sorgini MB**,
Ozawa TO, Peixoto AP

Setor de Ortodontia, Hospital de Reabilitação de Anomalias Craniofaciais - HRAC-
USP, Bauru/SP

OBJECTIVE: to describe the surgical-orthodontic treatment in monozygotic twins with unilateral cleft lip and palate on opposite sides, Van der Woude syndrome, III facial pattern with severe maxillary deficiency. **CLINICAL REPORT:** J.L.P. and J.L.P patients, 21 years old, regularly registered and treated in the Orthodontics sector of HRAC / USP. The interceptive orthodontic treatment began with the use of Haas expander associated with facial mask. The alveolar bone graft to fill the alveolar bone defect was performed in ideal time, before the eruption of the permanent canine. Due to the large maxillomandibular discrepancy, one of the patients underwent a maxilla osteogenic distraction surgery, in order to reduce the sagittal step, performing a new expansion two years after distraction. The corrective orthodontics was performed for the orthognathic surgery by decompensation of the upper and lower dental arches. Orthognathic surgery was done at the end of craniofacial growth. The cases were finalized with the positioning of the canines as the missing lateral incisors on the cleft side and canines as the central incisors on the noncleft side. After the appliance removal, it was adapted as contention a Hawley plate and a 3x3. **CONCLUSION:** it is possible to perform similar surgical-orthodontic treatment in twins' patients with unilateral cleft lip and palate and Van der Woude syndrome. A static and functional occlusion was achieved after treatment, even considering the position of the canine as central incisor on one side and as lateral incisor on the opposite side in both patients.