

SURGICAL MANAGEMENT OF VELOPHARYNGEAL INSUFFICIENCY AFTER PRIMARY PALATOPLASTY AND AFTER ORTHOGNATHIC SURGERY: A COMPARATIVE STUDY

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OBJETIVOS: Individuals with cleft palate may have velopharyngeal insufficiency (VPI) following primary palate repair, or even orthognathic surgery with maxillary advancement (OSMA). In these cases, a secondary palate surgery is required to correct speech symptoms. The aim of this study was to compare the efficacy of VPI surgical management in eliminating hypernasality in individuals with VPI following primary palatoplasty (PP) and VPI after OSMA. **MÉTODOS:** The study involved a retrospective analysis of hypernasality, perceptually evaluated in 37 patients with repaired cleft palate±lip, both genders, averaging 24 years of age at the time of VPI surgical correction. Twenty patients composed the PP group (VPI and hypernasality following primary palatoplasty) and 17 the OSMA group (VPI and hypernasality following maxillary advancement). Prior to OSMA, hypernasality was absent in all patients of the OSMA group. Differences between groups were analyzed by the Chi-Squared test ($p \leq 0.05$). **RESULTADOS:** After surgery, absence of hypernasality was found in 40% (8/20) of patients in the PP group and in 94% (16/17) in the OSMA group. The proportion of patients with absence of hypernasality in the OSMA group was significantly higher than the PP group. **CONCLUSÕES:** These preliminary results showed that the surgical management of VPI was more effective in cases where VPI was secondary to orthognathic surgery. The fact that the OSMA patients have a functional velopharynx until adulthood may explain the surgical success of VPI management in this group. Further studies involving a greater number of individuals are necessary to support the findings of this study.

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