

Anais



VI Simpósio Internacional de Fissuras Orofaciais e Anomalias Relacionadas

A fronteira do conhecimento
na reabilitação das anomalias craniofaciais

25 e 26 de outubro de 2019, Bauru-SP

Realização:



HOSPITAL DE REABILITAÇÃO
DE ANOMALIAS CRANIOFACIAIS
UNIVERSIDADE DE SÃO PAULO



PROGRAMA DE
PÓS-GRADUAÇÃO EM
CIÊNCIAS DA REABILITAÇÃO
HRAC-USP

Apoio:



FACULDADE DE ODONTOLOGIA DE BAURU
UNIVERSIDADE DE SÃO PAULO



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Apresentação

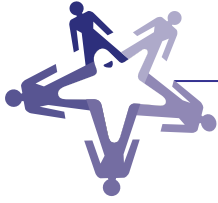
O VI Simpósio Internacional de Fissuras Orofaciais e Anomalias Relacionadas, realizado pelo Programa de Pós-Graduação em Ciências da Reabilitação comemora 10 anos de existência em 2019. Trata-se de evento Institucional do HRAC-USP, realizado pela primeira vez em novembro de 2009 e que, a cada dois anos, reúne uma comunidade de aproximadamente 300 médicos, dentistas e fonoaudiólogos, entre outros especialistas, de todo o Brasil.

Este ano, o **tema principal do VI Simpósio é a “Fronteira do Conhecimento na Reabilitação das Anomalias Craniofaciais”**. Pela primeira vez, o evento foi gratuito a todos os participantes. Foram 650 inscritos, oriundos mais distantes regiões do Brasil e do globo. Países como Suécia, Argentina, Equador, Peru, Nicaragua, Colômbia, República Dominicana, Chile e Estados Unidos, somando 10 países, estiveram presentes.

Reunimos palestrantes Nacionais e Internacionais, o que encheu nosso Programa de Pós-Graduação de orgulho e responsabilidade. Neste sentido, a internacionalização, que alarga nossas fronteiras, é ponto forte em nosso Programa de Pós-Graduação e estamos caminhando rumo ao estabelecimento de novos projetos de cooperação interinstitucional.

O principal foco de nosso programa, entretanto, é a formação de recursos humanos, altamente especializados no desenvolvimento de pesquisas relacionadas à reabilitação dos indivíduos que nasceram com anomalias craniofaciais e que tanto necessitam de nós. Neste sentido, 150 trabalhos científicos foram apresentados, parte considerável oriundo de nossa instituição. É pesquisa de qualidade, com forte impacto social, sendo produzida em nosso Centrinho.

Contamos com as importantíssimas **presenças da Profa. Adelaide Faljoni-Alário**, Coordenadora da Área Interdisciplinar da CAPES, pessoa de extrema competência e generosidade ímpar, que abordou aspectos relacionados à Interdisciplinaridade na Pós-Graduação. Contamos, ainda, com a presença do **Prof.**



Carlos Carlotti, nosso Pró-Reitor de Pós-Graduação, trazendo importantes diretrizes relacionadas às ações de Internacionalização da PRPG.

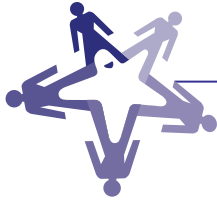
Ressalto, ainda, as palestras internacionais. **Dr. John vanAalst**, Cirurgião Plástico do Cincinnati Children's Hospital e Diretor de Pesquisa do Shriners Hospitals for Children, que versou sobre o tratamento cirúrgico das fissuras por meio da educação, **Dra. Carolina Gutiérrez**, Ortodontista da Fundação Gantz que trouxe sua experiência em Moldagem Nasoalveolar e **Dra. Nancy Scherer**, Fonoaudióloga e pesquisadora de renome internacional, da Arizona State University, College of Health Solutions que proferiu palestra sobre Intervenção precoce em linguagem e fala nas crianças com fissura labiopalatina.

Seguindo recomendação da OMS, as síndromes não poderiam ser deixadas de lado. Para fechar com chave de ouro, nossa equipe de reabilitação de Anomalias Craniofaciais, representados pelo **Dr. Cristiano Tonello**, **Dra. Terumi Ozawa** e **Dra. Melissa Zattoni Antonelli**, e capitaneados pelo **Dr. Nivaldo Alonso**, abordaram os Protocolos do HRAC baseados em evidências científicas.

Trago meu agradecimento pessoal ao superintendente do HRAC, Prof Carlos Ferreira dos Santos, que proveu amplo e irrestrito apoio ao evento, à Profa Ana Paula Fukushiro, pelo silencioso apoio nos bastidores, à Profa Inge Elly Kiemle Trindade, que representa o NIH dos Estados Unidos, e que financiou grandemente este evento, ao Smile Train, que viabilizou a vinda dos palestrantes internacionais, aos funcionários do HRAC, que se empenharam sobremaneira para a realização do Simpósio, e, finalmente, aos alunos de pós-graduação do Centrinho, que dedicaram incontáveis dias para realização do VI Simpósio.

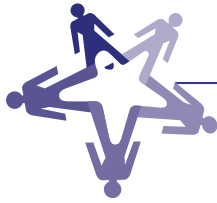
Ivy Kiemle Trindade Suedam, DDS, MS, PhD

Presidente da Comissão Organizadora do Simpósio e Coordenadora do Programa de Pós-Graduação em Ciências da Reabilitação do HRAC-USP

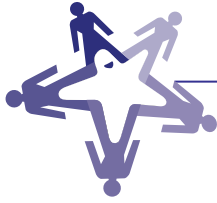


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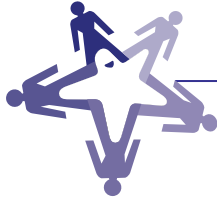
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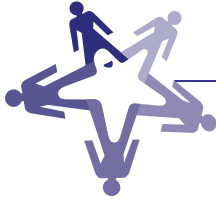
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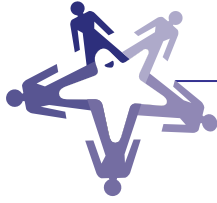
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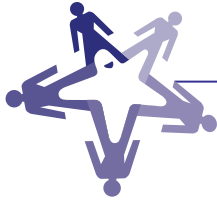
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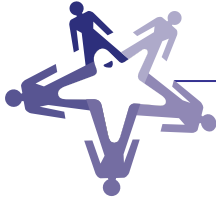
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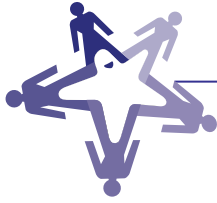
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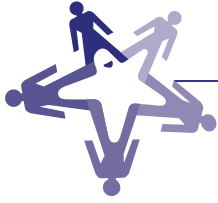
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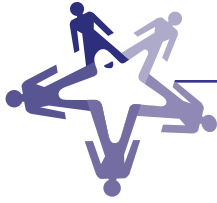


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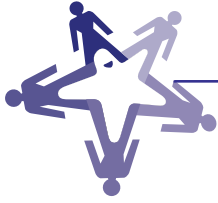


PRENATAL DIAGNOSIS OF CLEFT LIP AND/OR PALATE IN BRAZIL

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OBJECTIVE: This study analyzed the percentage of patients whose orofacial clefts were diagnosed prenatally, assessing the professionals involved and concordance of prenatal diagnosis and postnatal outcomes. **METHODS:** The study was conducted on a Brazilian craniofacial center on relatives of 200 children with cleft lip and/or palate (0 to 36 months). A self-administered questionnaire was responded by the relatives. The results were analyzed by descriptive statistics, and correlations were assessed by Fisher exact test. **RESULTS:** Among the 200 children, 25.5% of children had been diagnosed prenatally. There was concordance between prenatal diagnosis and outcome in 62.7% of cases, similar for all types of clefts ($p=0.81$). Less than fully accurate prenatal diagnosis occurred in 37.2%, including 14 cases of cleft lip and palate in which only the cleft lip had been diagnosed prenatally. Additionally, two cases of unilateral cleft lip and palate had been diagnosed as bilateral, one case of bilateral cleft lip and palate had been diagnosed as unilateral, and two cases of isolated cleft lip had been diagnosed as cleft lip and palate. **CONCLUSION:** One quarter of patients were diagnosed prenatally and less than fully accurate findings occurred in more than one third of the cases diagnosed.



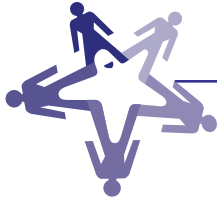
IMPACT OF LOW LEVEL LASER THERAPY ON EARLY OROMYOFACIAL SENSITIVITY RECOVERY AFTER ORTHOGNATHIC SURGERY: CASE SERIES

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OBJECTIVE: To investigate the effectiveness of low-level laser therapy in the early recovery of orofacial sensitivity after orthognathic surgery in individuals with repaired cleft lip and palate. **METHOD:** A case series of 14 male and female patients, aged 25 years on average, underwent orthognathic surgery. All patients were submitted to low level laser therapy, with red light, wavelength of 660nm, power of 100mV and dosage of 4J cm² during surgery (intraoperative) and after surgery, and 4 application intervals at 12 hours. Patients were also submitted to the oromyofacial sensitivity test using the esthesiometer 2 days before and 3 months after surgery. Most patients were submitted to maxillary osteotomy (n=9), followed by the maxilla and mandible (n=5). A descriptive analysis was performed to compare oromyofacial sensitivity before and after surgery. **RESULTS:** Before surgery only one patient presented mild altered sensitivity in the anterior and posterior tongue and internal cheek areas. In the postoperative evaluation, after low-level laser therapy, most patients (71.4%) presented early return of sensitivity in all evaluated areas. Posterior tongue, upper lip and external cheek showed no sensitivity impairment after intervention in either case. Two patients (14.2%) maintained the mild sensitivity alteration in the mental area and one patient (14%) maintained mild alteration in the internal cheek, inferior lip regions and tongue. **CONCLUSION:** Low-intensity laser therapy applied to the area of inferior and superior alveolar innervation and its mandibular branches was effective in reducing the recovery time of nerve sensitivity after orthognathic surgery.

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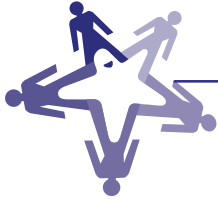
RELIGIOUS / SPIRITUAL COPING IN INFORMAL CAREGIVERS OF DYSPHAGIC CHILDREN WITH CLEFT LIP AND/OR PALATE: PRELIMINARY RESULT

FARINHA FT, CAPONE FA, GIFALLI M, SILVA VAP, MANSO MMFG, TRETTENE AS

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OBJECTIVE: To investigate the employment of religious / spiritual coping in informal caregivers of dysphagic cleft lip and / or palate children who make use of feeding tube. **METHODS:** Cross-sectional study conducted at HRAC-USP between May and July 2019. The preliminary sample consisted of 11 participants. The inclusion criteria consisted of being the main informal caregiver, aged 18 years or older, of infants from zero to one year 11 months and 29 days, fed exclusively by feeding tube. Informal caregivers using psychotropic drugs and caregivers of children with neuropsychomotor impairments were excluded. For data collection, two instruments were used: The Sociodemographic Questionnaire and the Religious / Spiritual Coping Scale (CRE - Breve). CRE-Breve is a five-point self-applied scale, similar to Likert, and the scores interpretation, according to the level of coping, occurs as follows: none or negligible (1.00 to 1.50), low (1.51 to 2 .50), medium (2.51 to 3.50), high (3.51 to 4.50), and very high (4.51 to 5.00). **RESULTS:** Preliminary results showed high religious / spiritual coping (total CRE with an average of 3.71). For 73% of caregivers, the use of CRE was high / very high. As for positive CRE, there was a higher employment compared to negative CRE (average of 3.06 and 1.62 respectively). **CONCLUSION:** Informal caregivers of dysphagic children with cleft lip and/or palate who used a feeding tube employed religious / spiritual coping widely, with predominance of positive coping.

KEYWORDS: Caregivers. Cleft lip. Cleft Palate. Spirituality. Religion. Coping.

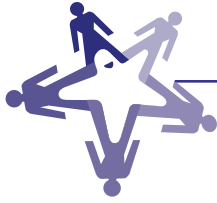


TRACHEOSTOMY IN CHILDREN WITH OROFACIAL CLEFT: NURSING DIAGNOSES IN THE IMMEDIATE POSTOPERATIVE PERIOD

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OBJECTIVE: to identify the main nursing diagnoses in children submitted to tracheostomy referring to immediate postoperative period. **METHODOLOGY:** Retrospective and cross sectional study, carried out in a public and tertiary hospital, which is reference in the assistance of patients with craniofacial anomalies and related syndromes, located in the countryside of São Paulo, Brazil. The sample showed 23 children submitted to tracheostomy between January 2015 and December 2018. The data collection was made between January and March of 2019 by record consultation, considering the nursing history and the listed nursing diagnoses, which were classified according to NANDA International Taxonomy. The results were submitted to descriptive statistical analyses. **RESULTS:** The mean age was 2 years and 3 months (± 1.6), with average admission of 1 year and 4 months (± 1), male prevalence ($n=18$, 78%) and low socioeconomic classification ($n=12$, 52%). Referring to medical diagnoses, there was predominance of Pierre Robin sequence ($n=10$, 43%). As for nursing diagnoses focused on the problem, there was predominance of unbalanced nutrition lower than the bodies' necessity and ineffective clearing of the airways (both $n=23$, 100%). As for nursing diagnoses regarding risks, there was predominance of bleeding risk, aspiration risk, falling risks, disorganized infant behavior risk, impaired tissue integrity risk (all $n=23$, 100%). **CONCLUSION:** The nursing diagnoses were related to the maintenance of airway permeability, surgical incision or ostomy, control of complications and comfort.



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

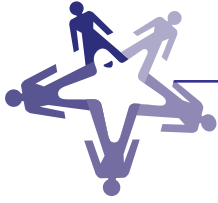
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OBJECTIVE: To correlate stress and overload to the quality of life of informal caregivers of infants with cleft lip and palate, with dysphagia, using feeding tube.

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 the 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 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.

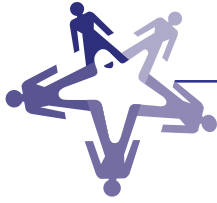


CHILDREN WITH OROFACIAL CLEFTS UNDERGOING GASTROSTOMY: DIAGNOSES AND NURSING INTERVENTIONS RELATED TO THE IMMEDIATE POSTOPERATIVE PERIOD

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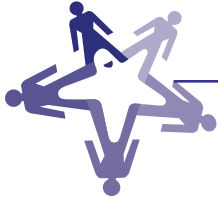
OBJECTIVE: To identify the main nursing diagnoses and interventions in children undergoing gastrostomy regarding the immediate postoperative period. **METHOD:** Analytical, retrospective and cross-sectional study conducted in a public tertiary hospital located in countryside of São Paulo, Brazil. All children who underwent gastrostomy between January 2016 and December 2017 were included. Data were collected between October and November 2018 by consulting the medical records. The sample consisted of 59 children. For data collection, the nursing history was initially considered, and afterwards, the nursing diagnoses and interventions. Nanda International classifications and Nursing Intervention Classification-NIC were employed. **RESULTS:** nine nursing diagnoses were identified, five considered as at risk, and four focused on the problem. There was predominance of: risk of bleeding, risk of infection, risk of falls, risk of impaired tissue integrity, impaired skin integrity and unbalanced nutrition: lower than body needs (n = 59, 100%). **CONCLUSION:** Nursing diagnoses and interventions were related to bleeding control, wound care, infection prevention, comfort, nutrition and well-being. Identifying them allowed to establish a care profile which guided the nursing team performance, favoring evidence-based care addressing the real needs of the population.



PREVALENCE AND FACTORS RELATED TO SMOKING IN ADOLESCENTS WITH CLEFT LIP AND / OR PALATE: PRELIMINARY RESULT

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OBJECTIVE: To evaluate the prevalence and factors related to smoking in adolescents with cleft lip and / or palate. **METHOD:** Analytical and cross-sectional study, developed in a public and tertiary hospital specialized in the treatment of craniofacial anomalies, in Bauru city, Brazil. A total of 76 adolescents participated. Inclusion criteria: age between 12 and 19 years who had previously undergone cheiloplasty and palatoplasty surgeries. Two instruments were employed: Sociodemographic Questionnaire and Questionnaire concerning the use and factors associated with smoking, proposed by Vieira et al. (Viana TBP et al. Factors associated with cigarette smoking among public school adolescents. Rev Esc Enferm USP. 2018; 52: e03320) were collected from November 2018 to July 2019. **RESULTS:** Smoking prevalence was 12% (n = 9). The average age was 16.6 years. There was predominance of adolescents with cleft lip and palate (56%), male (56%), white (44%), who attended high school (67%), in public schools (78%), single (67%), low social status (56%), own housing (67%), religious (100%), Catholics (56%), practitioners (33%), without children (100%) who were not engaged in paid work (78%). **CONCLUSION:** the prevalence of cigarette smoking and associated variables point to the necessity of intervention strategies towards the most vulnerable groups of adolescents, including family involvement and assistance from health professionals.

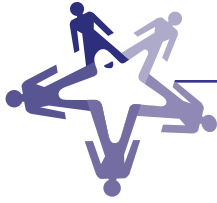


SLEEP DISORDERED BREATHING (SDB) AFTER PALATE REPAIR: SHORT-TERM PRELIMINARY FINDINGS

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OBJECTIVE: To investigate the frequency of sleep disordered breathing (SDB) symptoms in patients with repaired cleft palate±lip submitted to Sommerlad palate re-repair, a less obstructive surgery, characterized by radical dissection and reposition of velar muscles, six months after the re-repair. **METHODS AND RESULTS:** Sixty two individuals, aged 6 to 31 years, with velopharyngeal insufficiency, were included in the study so far, and 17 of them already underwent the first postoperative (6mo) assessment. Sleep quality was investigated using standardized questionnaires. Informed consent was obtained from all participants (institutional ERB No. 1.905.404). Before surgery, snoring and excessive daytime sleepiness were reported by 6 (35%) subjects. After surgery, the number increased significantly to 13 (76%) (Wilcoxon, $\chi^2=0.05$, $p=0.016$). Three out of the six (50%) reported worsening and 7 (63%) began to present the symptom. One patient reported improvements. Excessive daytime sleepiness was reported by 8 (47%) subjects after surgery with symptom manifestation in 2 patients. Decrease in pharyngeal patency (subnormal nasopharyngeal area and nasalance suggesting hyponasality were not observed). **CONCLUSION:** Preliminary data suggest that there is a significant increase in respiratory disorders after short-term palate repair, yet with less impact on pharyngeal flap surgery. These patients will be reevaluated after 1 year of surgery. Confirming the efficacy of Sommerlad's palate re-repair in speech and sleep quality will be a relevant contribution to the treatment of cleft-related VPI.

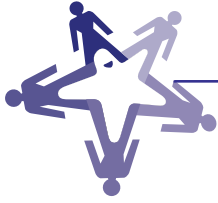


OUTCOMES OF THE SOMMERLAD PALATE RE-REPAIR FOR VPD TREATMENT: PRE AND POSTOPERATIVE ANALYSIS OF NASALANCE

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OBJECTIVE: Palate re-repair by the Sommerlad technique, characterized by radical dissection and repositioning of the velar muscles, has been reported in the literature as a more physiological intervention for the treatment of velopharyngeal dysfunction (VPD). The present study aimed to analyze the effectiveness of Sommerlad palate re-repair for the VPD treatment by means of speech nasalance assessment. **METHODS:** Nasalance was assessed using a KayPentax Nasometer II-6450 during the production for three types of sentences: nasal sentences (NS); oral sentences with high-pressure consonants (HP); oral sentences with low-pressure consonants (LP) before and 13 months after surgery, on average. The study was performed in 18 subjects, aged 6 to 31 years (13 years, on average), 10 males and 8 females, with repaired cleft lip and palate and surgical indication for palate re-repair after clinical examination and nasopharyngoscopy. Informed consent was obtained from all participants. **RESULTS:** A significant reduction of the mean nasalance scores was observed for the HP and LP sentences after surgery, from 47.11mm² to 36.14mm² (p=0.003) and from 48.11mm² to 38.13mm² (p=0.007), respectively. For the NS sentences, the mean nasalance was of 63.9mm² before and 57.13mm² after surgery and the difference was not statistically significant (p=0.062). **CONCLUSION:** Preliminary findings have shown that Sommerlad technique resulted in the reduction of nasalance scores during the production of oral sentences suggesting that the surgery is effective in reducing speech hipernasality, secondary to VPD, without compromising pharyngeal patency.



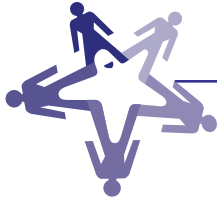
SOMMERLAD PALATE RE-REPAIR: CLINICAL AND INSTRUMENTAL ANALYSIS OF SURGICAL OUTCOMES

BERTIER CE^{1,2}; ARAUJO BMAM¹, SILVA ASC¹, BROSCO TVS², TRINDADE IEK^{1,3}

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OBJECTIVES: To analyze indicators of the success of Sommerlad palate re-repair (radical intravelar veloplasty) by analysis the integrity of the palate and degree of velopharyngeal closure determined by modified anterior rhinomanometry in individuals with velopharyngeal insufficiency (VPI) residual to primary palatoplasty.

METHODS: Twelve subjects, aged 6 to 24 (14 years, on average), 8 males and 4 females, with repaired cleft palate±lip, were assessed before and 13 months after surgery, on average. Palate integrity was clinically evaluated by the surgeon and objectively assessed using an instrumental method (pressure-flow study). Informed consent was obtained from all participants. **RESULTS:** No surgery complications such as bleeding, airway obstruction, infection and dehiscence were observed, except for a small fistulae seen in only one case. The pressure-flow study showed a significant reduction ($p= 0.021$) in the degree of velopharyngeal closure, with mean VP area decreasing from $62.6\pm 40.0\text{mm}^2$ to $33.16\pm 46.83\text{mm}^2$. The individual analysis of data showed that 58% of 12 subjects changed to adequate velopharyngeal closure after surgery. **CONCLUSION:** The confirmation of the effectiveness of the Sommerlad palate re-repair regarding absence of complications and improvement in palatal movements and velopharyngeal closure in a statistically significant sample will represent a relevant contribution for the cleft-related VPI treatment.



SYMPTOMS OF OBSTRUCTIVE SLEEP APNEA, NASAL OBSTRUCTION, AND NOCTURNAL ENURESIS IN A CHILD WITH SYNDROMIC ROBIN SEQUENCE: A CASE REPORT

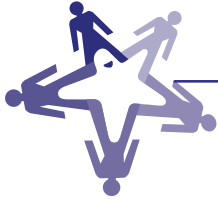
BANHARA FL¹; TRINDADE IEK^{1,2}

1-Hospital de Reabilitação de Anomalias Craniofaciais, USP, Bauru. 2-Faculdade de Odontologia de Bauru, FOB-USP, Bauru

OBJECTIVE: To report a case seen at the HRAC-USP Sleep Study Unit of a 10-year-old male child with Pierre Robin Sequence, compatible with oro-facio-digital syndrome.

CASE REPORT: Follow-up started at 3 months of age, due to dysphagia and type 1 respiratory obstruction, confirmed by nasopharyngoscopy. Signs observed were: micrognathia, dental crowding, hypertelorism, low hair implantation, polydactyly, and cognitive impairment. At age 9, he underwent secondary palatoplasty with intravelar veloplasty due to poor palatal mobility and unintelligible speech. Pre-surgical evaluation using questionnaires identified mouth breathing, nasal obstruction, snoring and frequent breathing pauses (3 to 4 times a week). Nasality assessment, using a nasometer, showed high nasalance in an oral passage (78%), suggesting severe hypernasality, and reduced nasalance in a nasal passage (35%), suggesting nasal obstruction. At age 10 postoperative evaluation, severe hypernasality was still observed and severe obstructive sleep apnea/hipopnea (AHI = 30.05), and excessive daytime sleepiness (SDSC = 59, 20 = EDS) were also observed. In addition, frequent nocturnal enuresis (1-2 weekly episodes in the last month and 3-4 weekly episodes in the last 3 months) was reported and, on evaluation of nasal patency, a significant reduction in left nasal airflow. Due to little improvement in velopharyngeal closure, day and night use of palate prosthesis was indicated.

CONCLUSION: This is a complex case which demonstrates a possible relationship between upper airway changes (micrognathia and nasal obstruction), obstructive sleep apnea and enuresis.



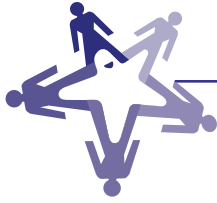
POLYSOMNOGRAPHIC, COMPUTATIONAL FLUID DYNAMICS AND TOMOGRAPHIC ASSESSMENT OF THE UPPER AIRWAY IN SYNDROMIC CRANIOSYNOSTOSIS: A CASE REPORT

SANT'ANNA GQ; GARCIA-USO M², TRINDADE IEK², PIMENTA LAF³, TRINDADE-SUEDAM IK²

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OBJECTIVES: Several studies have been demonstrating upper airway (UAW) anomalies in syndromic craniosynostosis (SCS) (CALANDRELLI et al., 2018; MATHEWS et al., 2018; SAWH-MARTINEZ; STEINBACHER, 2019), mainly related with midface and mandibular hypoplasia and pharyngeal collapse (NASH et al., 2015). SCS are linked to sleep disorders, such as Obstructive Sleep Apnea (OSA) and airway resistance syndrome (SAWH-MARTINEZ; STEINBACHER, 2019) directly affecting the dynamics of the UAW. The aim of the present study was to assess the impact of SCS on the UAW, by anatomical and physiological evaluation. We hypothesized that SCS severely impacts UAW dimensions and air dynamics. **CASE REPORT:** 13-year-old female individual (MLP), genetically compatible with Apert syndrome, with UAW obstruction and snoring complaints during sleep, body mass index of 16.97, considered healthy weight for a child by the CDC (U.S. Department of Health & Human Services). Polysomnographic (PSG) findings were compatible with severe OSA, apnea-hypopnea index of 70; Computational Fluid Dynamics analysis has shown increased pressure boundary condition on outlet, compatible with high breathing effort, besides diminished airway resistance, linked with pharyngeal collapse. Tomographic assessment has allowed UAW modeling, showing reduced values of volume (cm³) as follows - total UAW: 20.43, Nasal Cavity: 12.15, Pharynx: 8.26; and minimal cross-sectional area of 12.75 mm². **CONCLUSION:** Based on our findings, the initial hypothesis was confirmed, showing that SCS has severely impacted on anatomy and physiological dynamics of UAW, which stress out the mandatory need of multidisciplinary approach, aiming at improvements in quality of life for these impaired individuals.

Apoio Financeiro: Santander e CAPES PDSE 47/2017.

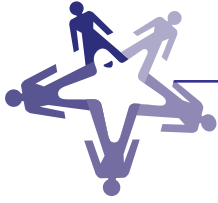


RELATIONSHIP BETWEEN OLFACTORY FUNCTION AND NASAL PERMEABILITY IN INDIVIDUALS WITH CLEFT LIP AND PALATE

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AIMS: The present study investigated the occurrence of olfactory complaints and the correlation with nasal permeability and breathing pattern in patients with repaired cleft lip and palate. **METHODS:** Sixty-patients (33 males, 27 females), age range between 18 and 40 years, with repaired cleft lip and palate and maxillomandibular discrepancy were evaluated. The sense of smell was verified from self-referred response in the respiratory questionnaire. Breathing pattern (oral, nasal or oronasal) was obtained from perceptual assessment by a speech pathologist. Nasal cross-sectional area (cm²) was measured using rhinomanometry, by means of the pressure-flow technique. The proportion of patients with olfactory complaint was calculated. Mean nasal area was compared to control values (0.600cm²). Difference between proportions and correlation among olfactory complaint, breathing pattern and nasal area were verified by Fisher test and chi-square test, at a significance level of 5%. **OUTCOMES:** The proportion of patients with olfactory complaint was 13% (08/60). The results showed that there is correlation between olfactory function and respiratory disorders related to breathing pattern in this group. Additionally, it was observed that some individuals present adequate nasal area with no perception of nasal breathing. **CONCLUSIONS:** The study found a small proportion of patients with loss of smell. However, when a complaint was expressed, it was related to an altered breathing pattern. The need for a specific treatment directed to the practice of nasal cavity use is highlighted in this population.



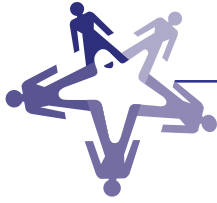
MICROGNATHIA AND OBESITY AS DETERMINANT FACTORS FOR SEVERE OBSTRUCTIVE APNEA IN AN INDIVIDUAL WITH TREACHER COLLINS SYNDROME

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INTRODUCTION: Treacher Collins syndrome is a rare congenital malformation that includes zygomatic arch and mandibular hypoplasia, choanal atresia, cleft palate and airway narrowing. The association of the syndrome itself with comorbidities such as high body mass index can lead to obstructive sleep apnea (OSA). **OBJECTIVE:** To evaluate, by means of polysomnography, the sleep of an individual diagnosed with Treacher Collins syndrome. **CASE REPORT:** The clinical analysis consisted of the following exams: 1) type 1 nocturnal polysomnography exam (EMBLA N7000), 2) sleep questionnaires (Berlin Questionnaire and Epworth Somnolence Scale), 3) anthropometric evaluation (cervical circumference, abdominal circumference and body mass index), and 4) airway tomographic analysis (iCAT – Dolphin Imaging). Results obtained using the sleep questionnaires, which indicated high risk for OSA and excessive daytime somnolence, were confirmed by polysomnography that revealed a severe apnea (apnea/hypopnea index=77/hour). Tomographic airway analysis showed a pharyngeal volume of 11cm³ (reference values= 27cm³) and a minimum cross-sectional area of 40mm² (reference values= 200mm²). Cervical circumference, abdominal circumference and body mass index corresponded to 41cm (risk factor for OSA \geq 36cm), 113cm (risk factor for OSA \geq 80cm) and 42 (grade 3 obesity), respectively. **CONCLUSION:** Micrognathia, as a result of Treacher Collins Syndrome, and obesity were determinant factors for the occurrence of a severe obstructive apnea condition in this patient. This study evidences the importance of multiprofessional follow-up for individuals with Treacher Collins syndrome, especially with respect to sleep breathing disorders, which may impair the quality of sleep and quality of life of these individuals.

Apoio Financeiro: CAPES



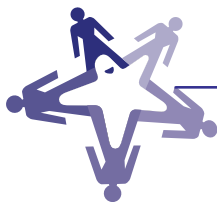
SLEEP APNEA IN INDIVIDUAL WITH ROBIN SEQUENCE: CASE REPORT

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OBJECTIVE: The Robin Sequence (RS) presents itself as a triad, characterized by micrognathia, glossoptosis and airway obstruction, which may or may not be associated with cleft palate, and as a consequence, severe respiratory restriction. It is speculated that, in these individuals, the pharyngeal dimensions do not increase significantly during craniofacial growth and dysfunctions of peripharyngeal and lingual musculature can also be seen, which may cause obstructive sleep apnea (OSA). Therefore, the objective is to report the clinical case of an adult patient with RS, treated at the Physiology Laboratory of HRAC – USP. **METHOD:** male patient aged 17 years old, with complete repaired cleft palate. Type I nocturnal polysomnography was performed, which assesses multiple physiological parameters during a night sleep. The risk of sleep apnea was also assessed by Berlin questionnaire and Epworth sleepiness scale, the occurrence of respiratory complaints (UES HRAC-USP Respiratory Symptoms Questionnaire) and also anthropometric data as body mass index (BMI), cervical circumference (CC) and abdominal circumference (AC). **RESULTS:** by the application of questionnaires, a low risk to OSA was observed, and absence of daytime sleepiness as well as respiratory complaints. Anthropometrical analysis detected a normal BMI (23), CC=32cm (risk value to OSA is > 40cm) and AC=66cm (risk value to OSA is > 94cm). However, polysomnography detected 21 awakenings, with an awakening rate of 1.4 / hour of sleep (59% sleep efficiency), and 49 apnea / hypopnea events throughout the night of sleep, which represented an apnea / hypopnea index of 10 / hour of sleep (diagnosis: mild OSA), with a minimum oxygen saturation = 88%. Although this individual does not have physical characteristics that predisposes him to OSA, he was diagnosed as having sleep apnea, probably due the presence of craniofacial conditions imposed by the anomaly that justify the respiratory complaints frequently found in this population.

Apoio Financeiro: CAPES



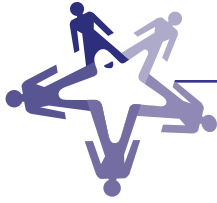
DEVELOPING A TOOL FOR PREDICTING VELOPHARYNGEAL CLOSURE BASED ON SPEECH CHARACTERISTICS AND ITS CORRESPONDENCE WITH THE VELOPHARYNGEAL ORIFICE AREA

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OBJECTIVE: To develop a tool in order to predict velopharyngeal closure (VFC), based on the combination of speech symptoms of velopharyngeal dysfunction, assessed in the auditory-perceptual evaluation and its correspondence with the instrumental measurement of velopharyngeal orifice size. **METHODS:** Seventy eight patients with repaired cleft palate, aged 6 to 45 years, participated in this study. The patients undergone aerodynamic evaluation by means of pressure-flow technique to determine velopharyngeal closure (velopharyngeal orifice area) and audiovisual recording of speech samples. The samples were edited and analyzed by three speech-language pathologists for rating the symptoms: hypernasality, audible nasal air emission, velopharyngeal competence rating, nasal turbulence, weak pressure consonant, active symptoms (compensatory articulation error) and facial grimacing. Correlation between the perceptual speech characteristics and the velopharyngeal closure was performed by Spearman's correlation coefficient. Two statistical models (discriminant and exploratory) were developed to predict the VFC. The sensitivity and specificity tests were performed in order to verify the clinical applicability of the models. **RESULTS:** There was a strong correlation between all speech symptoms and VFC. Both models showed 88.7% of accuracy on predicting VFC. The sensitivity and specificity for the discriminant model were 92.3% and 97.2%, respectively, and 96.2% and 94.4% for the exploratory model, respectively. **CONCLUSION:** In the present study two tools were developed and presented to predict VFC based on speech symptoms and its correspondence with the velopharyngeal closure determined by the objective evaluation. Both tools may contribute to the diagnosis of velopharyngeal dysfunction in clinical practice.

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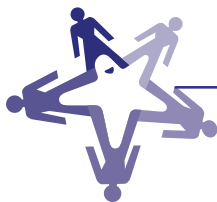


USE OF CPAP TO ELICIT VELOPHARYNGEAL CLOSURE – CLINICAL REPORT

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OBJECTIVE: To describe the use of CPAP (Continuous Positive Airway Pressure) to elicit velopharyngeal closure (VPC) in a patient with hypodynamic velopharynx and velopharyngeal insufficiency (VPI). **CASE REPORT:** 11-year-old patient with VPI after cleft palate correction presenting with a speech disorder due to velopharyngeal hypodynamism (velopharyngeal function mislearning for speech) and use of glottal stop for /k/ and /g/. Signs of hypodynamism included consistent hypernasality, nasal air emission (NAE) and facial grimace with a large velopharyngeal gap during oral speech sound production. The treatment included a pharyngeal obturator (PO) to establish possibility of velopharyngeal closure combined to an Intensive Speech Therapy Program (ISTP). **RESULTS AND CONCLUSION:** The ISTP involved 44 sessions of 45 minutes each offered within a 3 weeks' period. To elicit VPC productions of oral sounds were alternated with and without the CPAP to increase awareness of intranasal air pressure with the obturator in place. NAE was monitored also by the patient using mirror, scape-scope or plastic tubing. Correct oral place of production was addressed for /k/ and /g/ using visual, tactile and auditory clues. After ISTP, VPC was observed for all oral sounds at sentence level leading to a reduction of the size of the PO. Circular pattern of VPC with Passavant's Ridge was observed with the obturator. Oral place of production for /k/ and /g/ was obtained in words and phrases. The findings suggest the contribution of CPAP for the emersion of a correct pattern of velopharyngeal function during management of hypodynamic velopharynx.

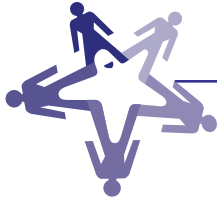


3D TOMOGRAPHIC ANALYSIS OF INTERNAL NASAL DIMENSIONS IN INDIVIDUALS WITH COMPLETE UNILATERAL AND BILATERAL CLEFT LIP AND PALATE.

INOCENTES RJM¹; ESPINDOLA GG¹, YATABE MS^{2,3}, TRINDADE-SUEDAM IK^{1,4}

1-Bauru School of Dentistry - University of São Paulo, FOB-USP, Bauru-SP, Brazil. 2-Department of Orthodontics and Pediatric Dentistry, University of Michigan School of Dentistry, Ann Arbor - MI, United States. 3-Laboratory of Physiology, Hospital for Rehabilitation of Craniofacial Anomalies, University of São Paulo, HRAC, Bauru-SP, Brazil. 4-Department of Biological Science, Hospital for Rehabilitation of Craniofacial Anomalies, University of São Paulo, HRAC, Bauru-SP, Brazil

OBJECTIVE: The objective of this study was to three-dimensionally evaluate the internal nasal dimensions of young adults with cleft lip and palate (CLP) by means of cone-beam computed tomography (CBCT). **METHODS:** This was a cross-sectional prospective study. Forty-five subjects were enrolled on this study and divided into 3 groups, as follows: 1) Control group (CON): 15 CBCT scans of individuals without CLP, 2) Unilateral Cleft group (UCLP): 15 CBCT scans of subjects with complete unilateral FLP, 3) Bilateral Cleft Group (BCLP): 15 CBCT scans of individuals with complete bilateral CLP. CBCT-generated nasal 3D models were obtained using Dolphin Imaging 11.8 software. Two trained examiners assessed the images. Significant differences among groups were evaluated using ANOVA and Tukey-s test. ($p < 0.05$). **RESULTS:** The mean nasal volumes (\pm SD) of the CON group corresponded to $18.1 \pm 3.8 \text{ cm}^3$. In the UCLP and BCLP groups, the values were smaller and corresponded to $14.7 \pm 2.2 \text{ cm}^3$ and $17.1 \pm 2.2 \text{ cm}^3$, respectively. A significantly smaller volume was observed for the UCLP group in relation to CON group ($p = 0.006$). No significant differences were observed between BCLP and CON or between UCLP and BCLP. **SUMMARY/CONCLUSION:** The nasal volumes of individuals with complete cleft lip and palate, especially those with unilateral clefts, are dimensionally smaller than that of individuals without CLP. This fact indicates the impact of the cleft per se on the internal nasal geometry, probably leading to a reduced nasal patency in this population.

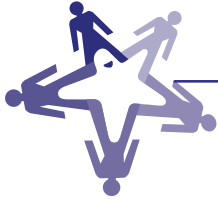


SPEECH THERAPY EVOLUTION FOR ELIMINATION OF COMPENSATORY ARTICULATIONS IN CLEFT LIP AND PALATE

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OBJECTIVE: To describe the evolution of speech therapy for elimination of compensatory articulations (CA) related to cleft palate. **CLINICAL REPORT:** Nine-year-old male patient with repaired cleft lip and palate, mild unacceptable hypernasality, CA such as glottal stop in plosive and fricative consonants and impaired intelligibility of moderate degree. The speech therapy started with production of voiceless plosive consonant /p/ associated with the image of a “cloud full of air”. Then the voiceless fricative /f/ was produced associated with the image of a “tire with air leakage”, with visual, auditory, verbal and proprioceptive clues for both consonants. In following sessions the consonants /p/ and /f/ were produced correctly in whispered and voiced syllables and combination of meaningless syllables. The next step was the introduction of the voiceless fricative consonants /s/ and /ç/ using “fly sound” image for /s/ and “shower” for /ç/. With the success of therapy, the patient proceeded with meaningless syllables, “language of the sound” technique, two-syllable words and longer, short sentences with /p/ and /f/, introduction of voiced fricative consonants /v/, /z/ and the voiceless plosive /t/. Nasopharyngoscopy and videofluoroscopy were performed to define the procedure for correction of velopharyngeal dysfunction. **CONCLUSION:** After 4 months of weekly 50-minute therapy and home training, the patient was able to eliminate glottal stop in sentences repetition with /p/, /t/, /f/, /s/, /ç/, /v/ and /z/. Secondary palatoplasty with intravelar veloplasty was indicated to correct velopharyngeal dysfunction.

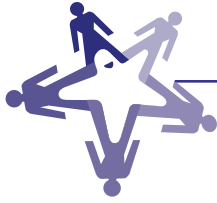


TELEMONITORING AS A TOOL FOR SPEECH PRACTICES WITH COMMUNICATION DISORDERS IN CRANIOFACIAL ANOMALIES

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INTRODUCTION AND OBJECTIVE: This study addressed telehealth activities as implemented at an Intensive Speech Therapy Program (ISTP) and will present an instructional material developed to guide telemonitoring of patients with a history of craniofacial anomalies as treated at an ISTP. **METHODS:** The material was based on live observation of activities involving telepractices at the Hospital for Rehabilitation of Craniofacial Anomalies, University of São Paulo (HRAC-USP) as well as analysis of ISTP's reports which documented telehealth initiatives implemented between therapist at HRAC/USP and patients as well as therapist at HRAC/USP, patients and therapist at the patients' home city. **RESULTS:** The material is presented in both a printable manual and a video media including instructions for patients and their caregivers and for partner Speech-Language Pathologists (SLP), addressing: a) guidelines on how to engage in telemonitoring and telecare and b) ethical aspects, confidentiality and privacy during these actions. **CONCLUSIONS:** The possibility of telepartnership between SLPs from a specialized craniofacial center and SLPs at the home cities of the patients increases the exchange of knowledge and experiences in the management of speech disorders. Furthermore, for patients without access to speech therapy at their home town, telemonitoring is an alternative for maintenance of access to therapy's improvement.

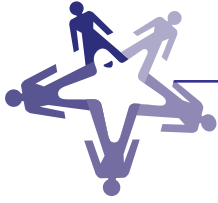


EFFECT OF THE PHARYNGEAL BULB PROSTHESIS ON SPEECH RESONANCE IN INDIVIDUALS WITH OPERATED CLEFT LIP AND PALATE BEFORE INTENSIVE SPEECH THERAPY

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OBJECTIVE: to describe the effect of the pharyngeal bulb prosthesis on speech resonance of individuals with operated cleft lip and palate, before accomplishment of intensive speech therapy. **METHODOLOGY:** two adult males, 30 and 35 years of age, presenting with velopharyngeal insufficiency after primary cleft palate surgery were referred to pharyngeal bulb prosthesis due to the poor pharyngeal walls movement and large velopharyngeal gap. Both patients presented hypernasality, but only the oldest had compensatory articulation. Speech sample audio recordings and nasalance scores data, with and without prosthesis, were used for comparison. **RESULTS:** The youngest adult still continued to present with hypernasality and remained with similar nasalance scores when wearing the prosthesis. The older adult improved (but did not eliminate) hypernasality and nasalance scores, but did not eliminate the problem when producing speech with oral place of articulation (without compensatory articulation). **CONCLUSION:** In both cases, pharyngeal bulb prosthesis itself was not enough to eliminate hypernasality for patients with poor pharyngeal walls movement and large velopharyngeal gap.

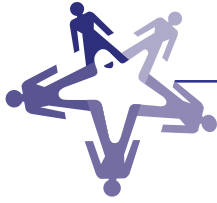


VELOPHARYNGEAL DYSFUNCTION ASSOCIATED WITH 22Q11.2 CHROMOSOMAL DELETION

ALVES BC¹; SOLDERA DP¹, DUTKA JCR², PEGORARO-KROOK MI², PINTO MDB³

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OBJECTIVE: To describe a case of a patient diagnosed with velopharyngeal dysfunction (VPD) without cleft lip and palate associated with chromosomal deletion 22q11.2 and a speech bulb user submitted to the Intensive Speech Therapy Program (ISTP) of Hospital de Reabilitação de Anomalias Craniofaciais (HRAC). **CLINICAL REPORT:** The ethical aspects were approved (62383616.0.0000.5441). The patient joined HRAC at age 6. Clinical and instrumental evaluation showed a long palate with low elevation, posterior muscle insertion, no muscular diastasis and bone notch, no movement of lateral and posterior pharyngeal walls, without surgical indication. The case was referred to the speech bulb sector, where the confection began. After completion of the prosthesis, the patient went through 40 speech therapy sessions at the ISTP. On initial evaluation the patient had severe hypernasality with moderate speech impairment with coproduction and / or glottal stop replacement, pharyngeal fricative coproduction, poor intraoral pressure and unexpected phonological changes for age. Given the more than 180 clinical findings that may be related to this deletion, speech and learning disorders stand out as they grow. In this case specifically, there was little evolution in the phonetic / phonological problem due to the multiple alterations presented by the patient, but there was an improvement in intraoral pressure as well as the correction of certain phonological errors and compensatory articulations. **CONCLUSION:** Speech and language disorders are common in these cases, but early diagnosis and referral for early intervention may provide great results.

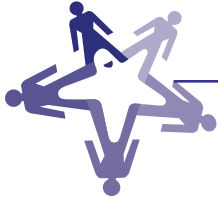


USE OF THE VOCAL FRY TECHNIQUE IN CLEFT PALATE THERAPY: CASE REPORT

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Universidade Federal de Ciências da Saúde de Porto Alegre, UFCSPA, Porto Alegre

OBJECTIVES: To present a cleft palate case report with the use of vocal fry in speech therapy. **CLINICAL REPORT:** Female child, aged 5 years-old, with complete cleft palate. She presented phonetic disorder associated with malformation and with velopharyngeal insufficiency. Palatoplasty was performed at the first year of life, and the therapeutic approach aimed to improve the vocal pattern and adjust the speech. The production of vocal fry was performed to reduce the hypernasality and it was performed by the emission of the vowel [a] in basal sound and in the modal register, in tone and usual intensity at maximum phonation time. From the auditory-perceptual analysis, a reduction was observed in nasality, improvement of articulation and resonance. **CONCLUSION:** The vocal fry technique is a therapeutic alternative in the management of hypernasality in patients with cleft palate.



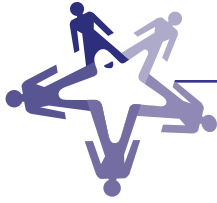
THE EARLY ASSESSMENT OF PHONOLOGICAL DEVELOPMENT OF BRAZILIAN CHILDREN WITH CLEFT PALATE

OLIVEIRA DN¹; SCHERER NJ^{1,2}, YAMASHITA RP¹, FUKUSHIRO AP^{1,3},
TRINDADE IEK^{1,3}

1-Hospital for Rehabilitation of Craniofacial Anomalies, USP, Bauru. 2-Arizona State University, ASU, Tempe, AZ. 3-Bauru School of Dentistry, USP, Bauru

PURPOSE: To compare the phonological skills of Brazilian Portuguese-speaking children with cleft lip and palate (CP) with those without cleft lip and palate (NCP). **METHODS:** Prospective study conducted on 10 children with cleft lip and palate, aged 19-35 months (mean: 27 months), with cleft repaired prior to 18 months, and 10 children without cleft lip and palate, aged 19-32 months (mean: 23 months), with typical speech and language development. Phonological skills were assessed using the PEEPS-BR protocol which consists of two bags of toys representing 36 words. A video and audio were recorded and the child was encouraged to pull objects from the bag and name them. The whole words were transcribed from the recordings and entered into the PEEPS-BR score sheet. The consonant inventories, speech sound accuracy (PCC-percent consonant correct) by place and manner of articulation and error analysis (omission, substitution) results for both groups are shown as mean \pm standard deviation and comparisons were made by t-test ($p < 0.05$). **RESULTS:** The consonant inventories of both groups showed statistically significant differences for consonants in the initial position (CP: 5.6 ± 3.2 ; NCP: 11.9 ± 3.9) and in the medial/final position (CP: 4.9 ± 4.6 ; NCP: 11.6 ± 4.6). Differences were also seen for the speech sound accuracy by place for stops (CP: 37 ± 29 ; NCP: 89 ± 14) and fricatives (CP: 17 ± 21 ; NCP: 62 ± 25) and by manner; in this case, statistically greater values in the NCP than in the CP group for all places of articulation tested. No statistically significant differences were observed in error analysis. **CONCLUSIONS:** Results suggest that children with CP have a delay in phonological skills development.

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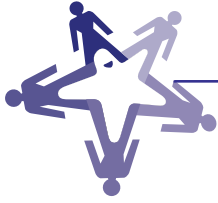


INTENSIVE SPEECH THERAPY PROGRAM ASSOCIATED WITH PHARYNGEAL BULB FOR THE TREATMENT OF HYPODYNAMIC VELOPHARYNX: A CASE REPORT

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1-Hospital de Reabilitação de Anomalias Craniofaciais, HRAC-USP, Bauru. 2-Faculdade de Odontologia de Bauru, FOB-USP, Bauru

OBJECTIVE: to investigate the effect of an intensive speech therapy program (ISTP) associated with pharyngeal bulb for a patient with hypodynamic velopharynx to achieve velopharyngeal closure during speech. **CLINICAL REPORT:** 14-year-old boy, with non-syndromic operated cleft lip and palate, presenting velopharyngeal insufficiency and hypodynamic velopharynx, was submitted to an intensive speech therapy program (ISTP) associated with the use of pharyngeal bulb. His speech intelligibility was quite impaired by hypernasality and nasal air emission (without compensatory articulation). Due to the hypodynamic velopharynx, the patient had no indication for secondary surgery, and therefore he was referred to speech therapy associated with pharyngeal bulb to achieve velopharyngeal closure. ISTP involved 45 therapy sessions (3 daily therapies) during three continued weeks. Nasoendoscopy videos and speech audiorecordings of the patient wearing the prosthesis, before and after ISTP, were used for comparison. **RESULTS:** Before ISTP, the patient was not able to achieve velopharyngeal closure for speech even with the bulb in place. After ISTP, he was able to somewhat improve his pharyngeal walls movement, but not enough to touch the bulb during isolated oral sounds. No improvement on speech resonance was observed. **CONCLUSION:** Patients presenting with hypodynamic velopharynx have great difficulty to achieve velopharyngeal closure for speech, even when receiving the appropriated treatment. Therefore, we suggest that biofeedback therapy sessions under nasoendoscopy should be added in the ISTP.



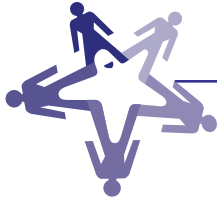
IDENTIFICATION OF HYPERNASALITY AFTER USE OF REFERENCE SAMPLES

PREARO GA¹; SILVA PP², MANICARDI FT³, CARDOSO DCR²,
PEGORARO-KROOK MI^{1,2}, MARINO VCC³, DUTKA JCR^{1,2}

1-Graduate Program at Faculdade de Odontologia de Bauru, FOB-USP, Bauru-SP. 2-Graduate Program at Hospital de Reabilitação de Anomalias Craniofaciais, HRAC-USP, Bauru-SP. 3-Graduate Program at Faculdade de Filosofia e Ciências, UNESP, Marília-SP

OBJECTIVE: To compare outcome of an auditory-perceptual training for identification of presence and absence of hypernasality without and with use of reference samples (RS). **METHODS:** Speech samples recorded during counting and a 12-phrases set were rated by 20 evaluators regarding presence or absence of hypernasality (2-point scale) after a three-step procedure: **FIRST:** prior to listening to reference samples; **SECOND:** during a training with reference samples; **THIRD:** after listening to reference samples. The percentage of correct responses were used to compare outcomes for both conditions (with X without references) and between samples (counting X 12-phrases set). **RESULTS:** Percentage of correct responses during counting at **ABSENCE** of hypernasality was 93.8% without references and **DECREASE** to 88.8% after references. Percentage of correct responses during counting at **PRESENCE** of hypernasality was 96.0% without references and **INCREASED** to 97.6% after references. Percentage of correct responses during 12-phrases-set at **ABSENCE** of hypernasality was 77.5% without references and **INCREASED** to 87.5% after references. Percentage of correct responses during 12-phrases-set at **PRESENCE** of hypernasality was 95.1% without references and **INCREASED** to 97.6% after references. **CONCLUSION:** The findings suggest that the counting stimuli resulted in better agreement with and without reference samples.

Apoio Financeiro: CAPES



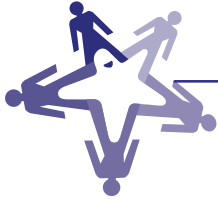
WIDTH OF CLEFT PALATE: IMPACT ON SPEECH RESULTS AND DEVELOPMENT OF FISTULA IN INDIVIDUALS WITH CLEFT LIP AND PALATE

MOURA GC¹; SILVA AFR², DUTKA JCR^{1,2}, PEGORARO-KROOK MI^{1,2}

1-Faculdade de Odontologia de Bauru, Departamento de Fonoaudiologia, FOB-USP, Bauru-SP. 2-Hospital de Reabilitação de Anomalias Craniofaciais, HRAC-USP, Bauru-SP

OBJECTIVE: To investigate the impact of cleft palate width on the results of speech and fistula development in individuals with cleft lip and palate. **METHODS:** Study approved by the IRB of HRAC/USP (protocol n. 2.251.447). A total of 250 patients with unilateral cleft lip and palate with and without fistula were selected. All had speech recordings between 3 and 6 years and 11 months of age and 3D pre-palatoplasty dental casts. The recorded speech samples were evaluated for the presence and absence of hypernasality by three experienced speech pathologists. Fistula presence and absence data were collected from the Florida Project database. Measurement of the posterior cleft palate width was made using 3D dental casts, by the 3 Shape Apliance Design Program 2013-1 and Mimics Research 17.0 software. To verify the correlation between the posterior width and data of the occurrence of hypernasality and fistula, the t test was used. **RESULTS:** 84 patients (34%) presented hypernasality and 166 (66%) did not present it; 40 patients (16%) presented fistula and 210 (84%) did not present it. The averages of the posterior width measurements of patients without and with hypernasality were, respectively, 10.3 mm (SD=2.6) and 10.5 mm (SD=3.0), $p=0.68$. The posterior amplitude averages of patients without and with fistula were, respectively, 10.2 mm (SD=2.7) and 11.3 mm (SD=2.8), $p=0.02$. **CONCLUSION:** From the results of the present study, we conclude that the increase in the width of the cleft palate generates higher rates of occurrence of fistulas. However, the same does not occur with speech.

Apoio Financeiro: Bolsa PIBIC-CNPq

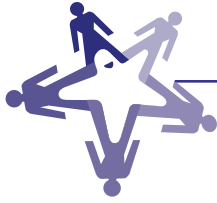


EARLY INTERVENTION IN CLEFT LIP AND PALATE AT THE NATIONAL HEALTH SYSTEM: EXPERIENCE REPORT

MEDEIROS GM; DA SILVA MB, BARBOSA LR, MACHADO MS, MAAHS MAP, CARDOSO MCAF

Universidade Federal de Ciências da Saúde de Porto Alegre, UFCSPA, Porto Alegre

OBJECTIVES: To explore the speech therapy care flowchart of children with cleft lip and palate carried out in the National Health System outpatient clinic of a pediatric Hospital in southern Brazil. **METHODS:** Analytical and exploratory study of health care provided to children with cleft lip and palate, approved by the Institutional Review Board (1.900.382). **RESULTS:** 68 children were referred to the speech therapy clinic and the family and the child were welcomed by applying a questionnaire containing identification data, age, and information such as the parents' income and clinicians of the child, possible pregnancy complications, feeding, hearing and language; identification of the type of cleft and surgeries performed, and professional information received. Then on, we followed with the cleft general guidelines and oral hygiene to the legal responsible. In the second meeting, neuropsychological, orofacial and language evaluation were performed, and the children were referred for audiological assessment. Clinical managements began with training of the responsible parent for feeding stimulation, with the introduction of different tools, digital scar manipulation, intraoral pressure expansion and directing the breath of air to the mouth cavity, when it was relevant. **CONCLUSION:** According to the age of each child, the appointments were scheduled tri-monthly, monthly, biweekly or weekly. In the attendances, the stimuli were directed to the difficulties presented by the children or to the skills to increase individually, with participation of the family in carrying out complementary activities. Early care showed good results for the sequential therapy proposal.

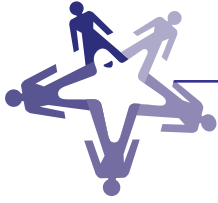


ASSESSMENT OF SPEECH PERCEPTION IN INDIVIDUALS WITH CLEFT LIP AND PALATE: PERCEFAL CASE REPORT

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1-Hospital de Reabilitação de Anomalias Craniofaciais, USP, Bauru. 2-Programa de Pós-Graduação da Universidade Estadual Paulista "Júlio de Mesquita Filho", UNESP- Marília. 3-Programa de Pós-Graduação no Hospital de Reabilitação de Anomalias Craniofaciais, USP, Bauru

OBJECTIVE: To describe the perceptual performance (identification task of phonological contrasts) in speakers with cleft lip and palate (CLP) using PERCEFAL. **CASE REPORT:** The PERCEFAL (Berti, 2017) was developed to perceptually identify phonological contrasts in Brazilian Portuguese speakers and includes 72 minimal pairs: vowels (N=21), sonorants (N=21), stops (N=15) and fricatives (N=15). Each pair is illustrated (one picture for each word) and displayed on a computer monitor along with an audio recording asking the speaker to select the image that corresponds to the spoken audio sample from an adult with typical speech. **RESULTS:** The differential for the BERTI's original proposal is the possibility of introducing the patient's recorded speech to assess the perception of his/her own speech. Therefore, the patient will identify his/her own speech besides being able to identify audio samples from an adult with typical speech, as proposed by Berti (2017). The speaker's auditory perceptual performance is carried out based on three criteria: accuracy, reaction time and pattern of phonic contrasts identification, being recorded following a specific protocol. Normative auditory perceptual performance data for speakers with CLP using this procedure has not yet been established. The details regarding procedures for establishing speech-perception behaviour using patients' own recorded speech will be presented. **CONCLUSION:** Considering the history of auditory tube dysfunction associated to conductive hearing loss in patients with cleft palate, along with the use of atypical place of articulation, an understanding of the patient's own speech-perception behaviour is important for management of speech disorders.

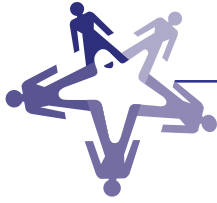


SPEECH THERAPY APPLIED TO INDIVIDUALS WITH CLEFT LIP AND PALATE IN AN ACADEMIC EXTENSION PROJECT: EXPERIENCE REPORT

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OBJECTIVES: Cassiano Antônio Moraes University Hospital has the Extension Project Speech Therapy for Individuals with Cleft Palate, in which speech therapy students observe and provide care to patients with cleft palate. The prejudice caused by cleft lip and palate in terms of morbidity, emotional, social disturbance and exclusion from work and society are substantial for the affected individual. With that said, the aim of this paper was to describe adequate speech therapy to speech and orofacial motricity, carried out in an extension project, and its importance for the professional education of academics. **METHODS AND RESULTS:** Firstly, an evaluation is performed by the responsible teacher, which consists of the morphofunctional observation of the orofacial structures and the auditory-perceptual analysis of the speech, by repeating a list of words, phrases and spontaneous speech sample. If a surgical procedure is necessary, referral is made to specialized centers that can assist. It follows up, finally leading to practice. According to clinical experience, speech improves by closing the cleft, compensatory disorders are minimized and avoided, and the marked nasal resonance is reduced. These disorders are treated by speech exercises, games, conversation, poems and lyrics reading, to stimulate a new speech production in an automated way. **CONCLUSION:** The need for the interdisciplinary team is notorious for the success of treatment and the repercussions of the presented anomaly; minimized, whether physical or psychological. Therapy is of great relevance to both the work experience of academics and quality of life of patients.



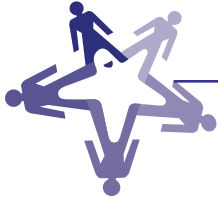
VELOPHARYNGEAL HYPODYNAMISM AND COMPENSATORY ARTICULATION IN A TEENAGER WITH CLEFT LIP AND PALATE: CLINICAL REPORT OF THE OUTCOME OF AN INTENSIVE SPEECH THERAPY PROGRAM INVOLVING PHARYNGEAL BULB PROSTHESIS

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1-Faculdade de Odontologia de Bauru, Departamento de Fonoaudiologia, FOB-USP, Bauru-SP. 2-Hospital de Reabilitação de Anomalias Craniofaciais, HRAC-USP, Bauru-SP

OBJECTIVE: Describe the outcome of an Intensive Speech Therapy Program to correct compensatory articulations (CA) and hypodynamic velopharynx in a teenager.

CLINICAL REPORT: This case report was approved by the Hospital de Reabilitação de Anomalias Craniofaciais Institutional Review Board (#62383616.0.0000.5441) and presents the outcome of behavioral management of glottal stop and hypodynamic velopharynx for a 11-year-old boy with history of cleft lip and palate, fitted with a pharyngeal bulb prosthesis for correction of velopharyngeal insufficiency. Nasoendoscopic examination revealed large circular velopharyngeal gap with hypodynamism of velopharyngeal structures leading to the recommendation of speech therapy combined to pharyngeal bulb prosthesis. After adaptation of the prosthesis the initial speech evaluation revealed moderate hypernasality, nasal air emission and glottal stop substitutions for /p/, /t/ and /k/. Four daily therapy sessions were offered during a period of 15 days, totalizing 41 therapies involving strategies for correction of CA with establishment of adequate velopharyngeal function. Biofeedback of velopharyngeal functioning with nasoendoscopy along with auditory, tactile and visual facilitating cues were implemented using the pharyngeal bulb prosthesis to assure possibility of velopharyngeal closure for speech. **CONCLUSION:** Correction of glottal stop along with assystematic velopharyngeal closure at the bulb indicated improved velopharyngeal function for speech after the 15 days of therapy. Continuation of the speech therapy program is recommended to achieve systematic velopharyngeal closure for all speech sounds which will lead to a bulb reduction program with further referral for surgical correction of the remaining gap.



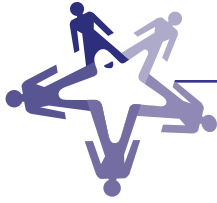
PHARYNGEAL BULB REDUCTION DURING INTENSIVE SPEECH THERAPY: CASE REPORT

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1-Hospital for Rehabilitation of Craniofacial Anomalies, HRAC-USP, Bauru. 2-Bauru School of Dentistry, FOB-USP, Bauru

PURPOSE: To report the case of a patient with operated cleft palate who participated in an intensive speech therapy (IST) to reduce the pharyngeal bulb. **CASE REPORT:** Pre-IST with pharyngeal obturator (PO), normal speech was observed with normal nasality (nasometry) and velopharyngeal closure (VC) in all oral phonemes (nasoendoscopy). Without the PO, the patient presented speech intelligibility compromised by nasal air escape, nasality indicating hypernasality and absence of VC in all oral phonemes. The IST was composed of 35 sessions of 45 minutes duration, over a period of 3 weeks. The pharyngeal bulb had initially 20 mm in length and was reduced every 1 mm by the dental surgeon during the nasoendoscopy examination until the patient presented changes in the VC and resonance, reaching 15 mm. After 14 sessions of speech therapy the patient reached normal speech with the PO and another reduction was indicated. The second reduction was made following the same criteria and the bulb became 10 mm long. Post-PFI the patient presented normal speech, VC in all oral speech phonemes and normal nasal values. There was also a decrease in the post-PFI velopharyngeal gap. **CONCLUSION:** The reduction of the pharyngeal bulb during IST was effective, increasing the movement of the velopharyngeal mechanism and maintaining the normal speech with the use of PO.

Apoio Financeiro: CNPq



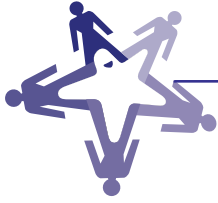
EXPIRATORY MUSCLE TRAINING IN CLEFT LIP AND PALATE

CARDOSO MCAF; KNIPHOFF GJ

Universidade Federal de Ciências da Saúde de Porto Alegre, UFCSPA, Porto Alegre

OBJECTIVE: To investigate the effect of expiratory muscle training on respiratory capacity in children with cleft lip and palate. **METHODS:** Randomized Clinical trial performed in a pediatric Hospital from southern Brazil, including subjects between 3 and 12 years, with cleft lip and palate already repaired by surgeries. The subjects were randomly allocated into two groups, one was the Water Group had used PEP in a water seal and the other, Respirom Group, had used the Respirom®Kids. The training followed, in both groups, with accomplishment of 3 sets of 10 repetitions per week for six weeks. All subjects were evaluated pre, post-intervention and in a follow-up of 3 months. Peakflow was used to evaluate respiratory capacity and Manovacuometer to evaluate respiratory muscle strength. The significance level adopted was 5% ($p < 0.05$). The quantitative variables were described by mean and standard deviation and categorical by absolute and relative frequencies. **RESULTS:** All subjects showed improvement with statistical difference ($p = < 0.001$). The Respirom Group showed statistical difference in relation to maximal inspiratory pressure ($p = 0.030$) and the Water Group presented statistical tendency ($p = 0.058$). This group presented a tendency to statistical difference for maximal expiratory pressure ($p = 0.054$) and statistical difference for vital capacity ($p = 0.007$). **CONCLUSIONS:** Subjects with cleft lip and palate were benefited from expiratory muscle training because it provided significant improvement in respiratory capacity, in addition to increasing respiratory muscle strength.

Apoio Financeiro: Financial support: CAPES.

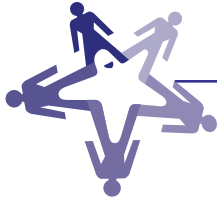


MANAGEMENT OF SPEECH DISORDER RELATED TO VELOPHARYNGEAL DYSFUNCTION IN AN INTENSIVE SPEECH THERAPY PROGRAM: CLINICAL REPORT

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1-Hospital de Reabilitação de Anomalias Craniofaciais, HRAC-USP, Bauru-SP. 2-Faculdade de Odontologia de Bauru, FOB-USP, Bauru-SP

OBJECTIVE: To describe the outcome of an Intensive Speech Therapy Program (ISTP) involving the use of pharyngeal obturator (PO) for treatment of speech disorders related to velopharyngeal dysfunction (VPD). **CASE REPORT:** 39-year-old female with history of isolated unilateral complete cleft lip and palate (UCLP) presented with VPD after late correction of cleft. A pharyngeal obturator was adapted for management of velopharyngeal insufficiency and the patient had concluded one previous ISTP returning for bulb reduction as well as treatment of articulatory distortions for /s/, /z/, /ts/, /dz/, {S}, /t/. **RESULTS AND CONCLUSION:** A total of 36 therapy sessions were implemented within a period of 2 weeks. Nasoendoscopic biofeedback of velopharyngeal closure with and without the speech bulb was used to increase displacement of velum and pharyngeal wall with gradual modifications of the speech bulb. Visual, auditory and tactile cues were also implement with the goal of improving abilities for self-monitoring place of articulation, intraoral air pressure and nasal air emission. Complete velopharyngeal closure with adequate articulatory productions were achieved at the end of the treatment.

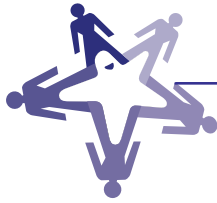


RECEPTIVE AND EXPRESSIVE LANGUAGE OF CHILDREN WITH CLEFT LIP AND PALATE

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1-Faculdade de Odontologia de Bauru, FOB-USP, Bauru. 2-Hospital de Reabilitação de Anomalias Craniofaciais, HRAC-USP, Bauru

OBJECTIVE: Children with cleft lip and palate are at risk for impaired communication, receptive and expressive language. Therefore, this study aimed to compare the performance of receptive language with expressive language of children with cleft lip and palate. **METHOD:** The study consisted of 30 randomized samples in a secondary database, referring to information on clinical evaluations of children with cleft lip and palate, both genders, aged from 7 to 11 years and 11 months. The instruments selected were the Color Progressive Matrices and the BANI-TS Language Tests. Data were analyzed descriptively and statistically for correlation of findings. A significance level of 5% was adopted, considering that, when smaller, there was a statistically significant difference. **RESULTS:** For a sample of 30 children with cleft lip and palate, 60.5% were complete cleft lip and palate, 10.5% cleft lip and 7.9% cleft palate, with a mean age of 10.2 years and higher incidence of males. In the intellectual level assessment, 39.5% had average scores, 15.8% above average and 21.1% below average for the age group. In the neuropsychological functions score, receptive language had 44.7% on average and 13.2% above average, and 21.1% presented below-expected performances for the age group. Regarding expressive language, 31.6% was above average, 28.9% on average and 18.4% below expectations. In the classification of cognitive-linguistic language 50% were on average (44.7%) and above it (5.3%) and 29% presented results below expectations. **CONCLUSION:** These results indicated limitations of the language resources of a representative contingent of children with cleft lip and palate, with receptive and expressive language impairment, suggesting interference of the conditions inherent to the malformation itself.



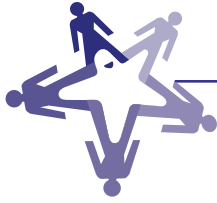
PATTERN OF DENTAL ANOMALIES IN PHENOTYPIC DETAILING OF VAN DER WOUDE SYNDROME: PILOT STUDY

TREVIZAN ACS¹; SILVA CM¹, QUEIROZ TB¹, PEREIRA MCM¹, NEVES LT^{1,2}

1-Hospital for Rehabilitation of Craniofacial Anomalies, HRAC-USP, Bauru. 2-Bauru School of Dentistry, FOB-USP, Bauru

AIM: Van der Woude syndrome is a genetic abnormality characterized by the presence of paramedian fistula in the lower lip, cleft lip and/or palate and dental agenesis, which is already considered characteristic of the syndrome due to its high prevalence. Due to the high frequency of taurodontism in other types of cleft, this study aimed to investigate whether and what would be the pattern of occurrence of taurodontism associated or not with dental agenesis and other phenotypes in this syndrome. **METHODS AND RESULTS:** A radiographic analysis of 10 randomly selected HRAC/USP cases of Van der Woude Syndrome was performed. In these cases, dental phenotypes (agenesis, taurodontism, supernumerary, root laceration and dental transposition) were evaluated according to criteria defined in the literature. Six subjects (60%) presented agenesis in one or more second premolars and two subjects (20%) presented taurodontism in the upper and/or lower second molars, but there was no association between both phenotypes. **CONCLUSION:** the study showed a predicted high prevalence of dental agenesis, and also the occurrence in a lower frequency of taurodontism, however, in this pilot study there was no association between dental agenesis and taurodontism phenotypes in subjects with Van der Woude syndrome.

Apoio Financeiro: CAPES 001



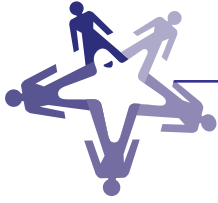
NON-SYNDROMIC OROFACIAL CLEFT: PARENTAL AGE AT CONCEPTION

SILVA CM¹; QUEIROZ TB¹, PEREIRA MCM¹, TREVIZAN ACS¹, GONÇALES AGB¹, NEVES LT^{1,2}

1-Hospital for Rehabilitation of Craniofacial Anomalies, USP, Bauru. 2-Bauru School of Dentistry, FOB-USP, Bauru

AIMS: Non-syndromic cleft lip and palate presents a complex etiology that involves an interrelation between genetic and environmental factors. Parental age during conception has been associated with this anomaly. It is believed that individuals accumulate changes in gametes through lifetime as a result of environmental exposures and/or genetic alterations. For this reason, if they have children in an advanced age, the risk of having a congenital anomaly may increase. The objective of this study was to raise the parental age of the parents of subjects with NSCL/P in order to assess the percentage of parents over 35 years old. **METHODS AND RESULTS:** This retrospective study analyzed 2,566 medical records of patients registered at HRAC-USP, among which 1,178 had information about parental age at the conception time. We consider that the recommended reproductive age range for the prevention of syndromes and congenital anomalies is between 20 and 34 years. Overall, in this study, maternal age ranged from 12 to 46 years (average age 26.5 years); and the paternal age between 13 and 69 years (average age 30.4 years). One hundred eight women and fifty-eight men were 19 years old or younger. Age 35 or older were found in 147 women and 308 men. The ideal reproductive age range was found in 851 women and 812 men. **CONCLUSION:** It was found, in the present study, that the majority of parents of subjects with NSCL/P were within the ideal reproductive age range at the time of children conception.

Apoio Financeiro: FAPESP, CAPES 001

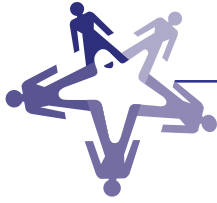


WEST NILE VIRUS AS A POSSIBLE ETIOLOGICAL AGENT OF OROFACIAL CLEFTS

SILVA KCP^{1,2}; MESSIAS TS¹, PEREIRA VBR³, SOARES S⁴

1-Hospital for Rehabilitation of Craniofacial Anomalies, University of São Paulo, HRAC/USP, Bauru. 2-Nineth of July University, UNINOVE, Bauru. 3-Adolfo Lutz Institute, IAL, Bauru. 4-Hospital for Rehabilitation of Craniofacial Anomalies – HRAC-USP and Bauru School of Dentistry - FOB-USP

OBJECTIVE: To analyze, by bioinformatics software (in silico), the presence of similarity between West Nile virus (WNV) and human genes and transcript associated with orofacial clefts (OC). **METHODS AND RESULTS:** The Basic Local Alignment Search Tool - BLAST 2.9.0 (Stephen F et al, Nucleic Acids Res, 1997) software was used for similarity analysis between WNV (M12294.2) and OC-associated genes and transcripts. Significant similarity (e-value <1.0) was found between viral NS5 and human genes: ATAXIN 1 (ATXN1 - 6p22.3) which is involved in transcriptional repression and regulation of developmental processes in the Notch signaling pathway acting in embryonic cells, coordinating cell differentiation, proliferation and apoptosis (Bergeron D et al, J. Biol. Chem, 2013); And Dystonine (DST or BPAG1 / BP240 - 6p12.1) which encodes distonin, the protein that joins the cytoskeleton filaments. DST transcripts are expressed in the central nervous system, muscle and skin (Edvardson S et al, Ann. Neurol, 2012). The absence or lack of function of both genes is linked to degenerative pathologies being ATXN1 to cerebellar degenerative disorders and DST to cases of Sensitive Neuropathy (OMIN, 2019). NS5 is the most conserved flavivirus protein, responsible for viral RNA replication and suppression of intracellular defenses (Klema JYV et al, PLOS Pathogens, 2016). **CONCLUSION:** Considering the possibility of homology between the evidenced regions and their functions and the fact that WNV is evolutionarily close to Zika virus, we can infer an environmental etiological potential in the etiology of OC.



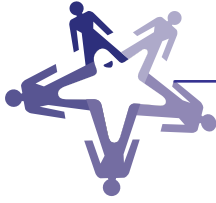
HISTORY OF PREVIOUS MISCARRIAGES IN MOTHERS OF CHILDREN WITH NON-SYNDROMIC CLEFT LIP AND/OR PALATE

PEREIRA MCM¹; PEREIRA MCM¹, QUEIROZ TB¹, SILVA CM¹, GONÇALES AGB¹, TREVIZAN ACS¹, NEVES, LT^{1,2}

1-Hospital for Rehabilitation of Craniofacial Anomalies, USP, Bauru. 2-Bauru School of Dentistry, FOB-USP, Bauru

AIM: Considering the complexity of factors involved in the etiology of non-syndromic cleft lip and/or palate (NSCLP) and the conditions of the uterine microenvironment in which the embryo develops, this study aimed to investigate the history of miscarriage among mothers of children with NSCLP, in order to investigate if this factor could be considered relevant in the gestational history, in the context of cleft. **METHODS AND RESULTS:** 502 mothers of children (0-12 years) with NSCLP admitted at the Hospital for Rehabilitation of Craniofacial Anomalies, University of São Paulo (HRAC/USP) were interviewed regardless of gender, type/extension of cleft of children. Mothers of children diagnosed with congenital syndrome and/or malformation; mothers of patients without confirmed diagnosis; who presented confusing memories of the information; and non-biological mothers were excluded. Among the participants interviewed, 82 (16.3%) reported history of previous miscarriages to pregnancy of the child with NSCLP. Regarding the types of clefts, cleft lip and palate was the most prevalent (54.0%), followed by cleft lip (17.9%), and cleft palate (17.5%). Lower percentage was found for associated oral clefts (10.6%). Among women who reported previous miscarriages (n=82), 87% reported one abortion; 11%, two miscarriages; and 2%, three or more miscarriages. **CONCLUSIONS:** Previous miscarriage, evaluated separately as a factor in maternal gestational history, attract attention. However, for more conclusive statements regarding this particular factor, it is necessary to compare the prevalence of this event among women who did not have children with NSCLP and/or other craniofacial anomalies.

Apoio Financeiro: CAPES 001



SUBMICROSCOPIC CHROMOSOMAL REARRANGEMENTS IN COMPLEX CRANIOFACIAL SYNDROMES

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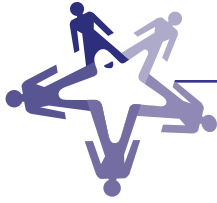
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OBJECTIVES: Submicroscopic chromosomal rearrangements represent one of the causes of complex clinical conditions of congenital anomalies, including craniofacial anomalies, congenital heart defects, growth and developmental disorders, among others. The more detailed study of these chromosomal microarrays and related phenotypes has allowed the identification of genes and loci related to the specific anomalies within the phenotypic spectrum of the microdeletion or microduplication syndromes. The objective of this study was to analyze subtelomeric chromosomal regions and a distinct subset of microdeletion or microduplication disorders.

METHODS: MLPA technique P036 and P064 kits for subtelomeric chromosomal regions and microdeletion or microduplication disorders respectively, in a sample of Brazilian individuals with cleft lip and palate associated with multiple congenital anomalies, developmental delay and/or speech acquisition delay, without syndromic diagnosis in order to contribute to the diagnosis and better understanding of the phenotype, to assist in the identification of new genes that are candidates for craniofacial anomalies, in the therapeutic management and in the genetic counseling of the families. The data obtained showed submicroscopic rearrangements in 11,5% of the individuals evaluated, including del 16p, del 18q, dup11p, dup16q, del22q11.2 and dup Xp22.33/Yp11.2.

CONCLUSION: The diagnostic delineation in this cohort could be help in the better management of the individual, in the prevention of complications and in the adequate genetic counseling. The limitation of this study is the unspecified of MLPA technique by definition of the size and position of the breakpoints of chromosomal rearrangements, hindering the complete genotype/phenotype correlation.

Apoio Financeiro: CAPES

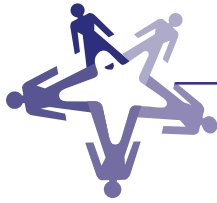


SYNDROMIC ROBIN SEQUENCE: THE DIAGNOSTIC ODYSSEY AND IMPLICATION FOR TREATMENT

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BACKGROUND: Robin sequence (RS) is a rare heterogeneous condition, characterized by micrognathia and glossoptosis with or without cleft palate. It occurs isolated or as part of a syndrome. About 50% of cases have a recognized syndrome and in most cases the diagnosis is difficult due to the rarity of the condition. Here we described the odyssey diagnosis of a syndromic case of RS and the implication of diagnosis. **OBJECTIVE:** to describe one patient with syndromic RS and the implication of correct diagnosis for the treatment. **CLINICAL REPORT:** The patient, a boy first child of a nonconsanguineous couple. At age of 53 days he had RS with respiratory and feeding difficulties. At age of 3 years he presented dolicocephaly, ocular hypertelorism, atypical facial pattern, and skeletal anomalies. Mental development was normal. Karyotype and screening for 22q11 deletion were normal. Reevaluation on 7 to 10 years old evidenced that he had abnormal teeth, pectus carinatus and scoliosis. Cardiological evaluation was normal. Ocular evaluation showed abnormal retina. Three diagnostic possibility were considered: Sphrintzen-Goldeberg syndrome, Loyes-Dietz syndrome and Marfan syndrome. The exome sequencing showed a pathogenic variation in TGFBR2 was compatible with Loyes-Dietz syndrome. **CONCLUSION:** This is a rare condition with high risk for aneurism and aortic dissection, requiring follow up with cardiologist to monitor the ascendant aortic. Besides that, the prophylaxis for endocarditic, investigation of atlanto-axial instability and other medical recommendations were necessary. The autosomal dominant inheritance confers high risk of recurrence to patient (50%).

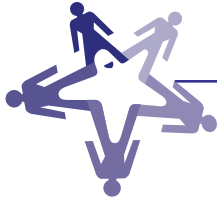


THE POTENTIAL OF VIRUSES AS ETIOLOGICAL AGENTS OF OROFACIAL CLEFTS: A PILOT IN SILICO STUDY WITH HUMAN ALPHAHERPESVIRUS 1

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OBJECTIVE: To perform an in silico study of the Human alphaherpesvirus 1 and its potential as etiological agent of orofacial clefts. **METHODS AND RESULTS:** The Basic Local Alignment Search Tool - BLAST 2.9.0 (Stephen F et al, Nucleic Acids Res, 1997) software was used to analyze the similarity of Human alphaherpesvirus 1 with the human genome and transcripts. Significant evidence was found (E-value: <1) of homology of human MSX1 mRNA nucleotide regions (candidate involved in the etiology of orofacial clefts, according to Van den Boogaard MJH et al, Nature Genet, 2000) with viral regions UL43 (protein of envelope with unknown function), UL8 (helicase and primase) and UL9 (viral DNA synthesis primer, ATPase and Helicase) (Roizman B et al, Fields Virology, 2013). **CONCLUSION:** Considering the possibility of interaction of the evidenced homologous regions and their functions, the Human alphaherpesvirus 1 has etiological potential in orofacial clefts. To better elucidate the result, comparative phylogenetic studies using species close to Homo sapiens are necessary.

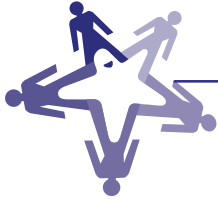


EXPOSURE TO ANTIEPILEPTIC DRUGS DURING PREGNANCY: TERATOGENIC EFFECTS

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OBJECTIVES: Since antiepileptic drugs are very common among women that are in childbearing age and intend to become pregnant, this study verified the occurrence of malformations (minor and major), such as cleft lip and palate, among others, related to the use of antiepileptic drugs during pregnancy. **METHODS:** A retrospective study using secondary data obtained from medical records of 139 individuals registered at HRAC/USP matching the inclusion criteria, established by the use of antiepileptic drugs during pregnancy. **RESULTS:** Subjects (n=139) were divided into three groups: monotherapy (n=76), polytherapy (n=43) and antiepileptic drugs in association with other drugs (n=20). Most frequent clinical findings were cleft lip and palate (99.28%), apparent ocular hypertelorism (41.73%), true ocular hypertelorism (20.86%), upslanting palpebral fissures (13.67%), epicanthus (10.79%) and delayed neuromotor development (10.07%). **CONCLUSION:** The main malformations observed were cleft lip and palate, apparent/true ocular hypertelorism, upslanting palpebral fissures and epicanthus. The main neurological finding was delayed neuromotor development. None of the major malformations, besides cleft lip and palate, was frequent and did not show any significant relationship with any of the antiepileptic drugs used during pregnancy. The number of individuals, the absence of a control group and the sampling bias may justify the observed results.

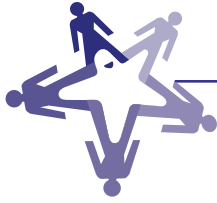


EXPERIENCES OF PARENTS REGARDING THE DIAGNOSIS OF OROFACIAL CLEFTS DURING PREGNANCY

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OBJECTIVE: To unveil the experience of parents facing their infants' prenatal diagnosis of orofacial cleft. **METHOD:** This is a qualitative and cross-sectional study, developed in a public and tertiary referral hospital which attends patients with craniofacial anomalies and related syndromes, located in the interior of São Paulo state, Brazil. A total of 17 parents of infants with orofacial clefts, accompanying them during hospitalization for primary surgeries, whose children were diagnosed with orofacial cleft during gestation, were included. Data collection was performed between January and March 2019, individually and in a private room, by interviews, which were recorded and transcribed in full. The trigger element was: how did you feel about the diagnosis of your child's orofacial cleft during pregnancy? The thematic content analysis was employed as methodological referral. **RESULTS:** Four categories were listed: feelings experienced in the diagnosis; dealing with the unknown; facing the diagnosis: family acceptance and professional support and positive and negative implications of the prenatal diagnosis. **CONCLUSION:** The prenatal diagnosis of orofacial clefts initially caused negative and conflicting feelings, especially related to lack of prior knowledge about the malformation, as well as the necessary infant care, and lack of support from qualified professionals and the search for confusing information in unreliable sources, like the social networks. Therefore, it becomes necessary to plan and implement interventions, protocols and / or public policies aimed at assisting the parents during this period.

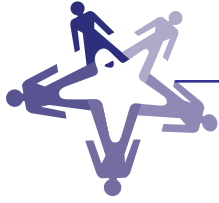


CORRELATION OF THE USE OF ANTI-GASTROESOPHAGEAL REFLUX MEDICATION WITH THE PRESENCE OF FEEDING TUBES IN INFANTS WITH ROBIN SEQUENCE.

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OBJECTIVE: The purpose of this retrospective study was to correlate the use of anti-gastroesophageal reflux disease medication and the presence of feeding tube in hospitalized infants with Robin Sequence. **MATERIAL AND METHODS:** Sixty patients diagnosed with Robin Sequence who needed hospitalization were analyzed by clinical records review. The participants were divided into two groups: Group 1 (G1) - infants with Robin Sequence and feeding tubes and Group 2 (G2) - infants with Robin Sequence without feeding tube. The use of medication including acid suppressors and/or pro motility drugs was analyzed, at the first and second hospitalization. Collected data were analyzed using descriptive statistics. **RESULTS:** In G1, 87.5% of patients had received anti-gastroesophageal reflux medication at the first hospitalization and 88.6% at the second hospitalization, against 10% and 13.6% respectively at the first and second hospitalization, in G2 ($P < 0.001$). **CONCLUSION:** The use of anti gastroesophageal medications in hospitalized infants with Robin Sequence was high and it was associated to the presence of feeding tube. Ranitidine was the mainly used medication. More studies are needed in this population to determine the consequences and the real need of this medication and to enable the creation of specific protocols on gastroesophageal reflux disease in Robin Sequence individuals in the future.



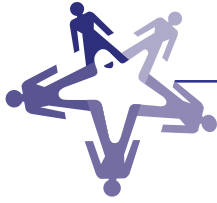
CRANIOFACIAL ANOMALIES IN ASSOCIATION WITH SEVERE AMNIOTIC BAND SEQUENCE

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BACKGROUND: amniotic band sequence refers to a wide variety of congenital anomalies resulting from fetal disruption. **OBJECTIVE:** to describe the craniofacial morphology of three cases with amniotic band sequence associated to complex craniofacial anomalies. **METHODS:** clinical genetics data were analyzed, and computed tomography were exported to the Mimics software and segmented craniofacial structures for evaluation. **RESULTS:** Among the three patients, two were females and one was male. All cases showed turricephaly, facial dysmorphism, hypertelorism, cleft lip/palate and atypical facial clefts (Tessier classification), nose malformation, rings constriction in upper and lower limbs, finger and/or toes amputation, clubfoot and developmental delay. Neuroimaging exams showed encephalocele hydrocephalus and corpus callosum hypoplasia. Two female cases showed microphthalmia/anophthalmia. Three-dimensional craniofacial evaluation showed complex anomalies on the middle and upper face. **CONCLUSION:** All patients herein reported have a complex pattern of craniofacial anomalies that include atypical combination of facial cleft that extend to cranial structure resulting to craniosynostosis, bone failures, ocular anomalies and brain malformation. The similar phenotype observed between them suggest a pathogenic correlation or an action of the amniotic bands in early fetal development.

Apoio Financeiro: CAPES

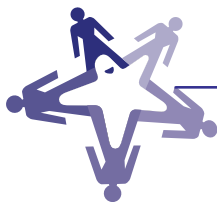


CLINICAL REPORT OF TWO DIFFERENT SURGICAL APPROACHES FOR THE TREATMENT OF HYPERTELORBITISM IN PATIENTS WITH FRONTAL NASAL DYSPLASIA.

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OBJECTIVE: The objective of this study is to report two different surgical approaches performed in the treatment of craniofrontonasal dysplasia during 2019. **REPORT:** We report a case of a 31-year-old male patient with frontonasal dysplasia who had been followed at our institution for multidisciplinary team and was approached with orbital box osteotomy, nasal and lip reconstruction to correct hypertelorbitism and midline changes. We also report a case of a 14-year-old male patient, also followed at our institution since childhood with the same clinical condition that was treated with cranial bipartition and nasal reconstruction for treatment of hypertelorbitism and midline changes. In the cases mentioned, after the main time of surgery, excess skin was removed in the frontal region and advancement and rotation flaps were used to adapt soft tissues in the nasal region. In the medial region of the eye, cantopexy was performed to maintain the result of correction of hypertelorbitism. Preoperative, intraoperative and postoperative interorbital distances were measured and a reduction in interorbital distance of more than 20 mm was noted. The evolution of the patients was satisfactory, they did not need surgeries to treat complications such as hematoma or infections. **CONCLUSION:** The choice of surgical technique should be individualized for the particularities of each patient. Both techniques produce favorable results for correction of hypertelorbitism.

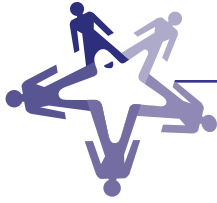


DIETARY AND NUTRITIONAL PROFILE OF INFANTS FROM 0 TO 6 MONTHS WITH CLEFT LIP AND PALATE

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PURPOSE: the aim of this work tetrospective and quantitative study was to make an epidemiological analysis of infants with cleft lip and/or palate, aged 0 - 6 months. **METHODOLOGY:** the samples were obtained at the Center for Integral Attention to Cleft Lip and Palate (CAIF), in the city of Curitiba - Paraná, from reading of 676 records of children who attended CAIF from December 2018 to May 2019. Among the samples, infants older than 6 months, patients diagnosed with syndromes and/or other craniofacial deformities were excluded. **RESULTS:** Data were collected from 64 patients' records. Of these, 6% described exclusive breastfeeding, 64% exclusively used infant formula and 30% formula breastfeeding. Patients who made use of supplementation (medium chain triglycerides - TCM) were 9%. In the first appointment, they had the following results: age-appropriate weight: 40%; height-appropriate weight: 60%; age-appropriate height 34%. In the last appointment, the results obtained were 66%, 68% and 81% respectively. **CONCLUSION:** the final analysis showed that most children had adequate growth for the anthropometric data analyzed, according to Anthro (WHO), thus the nutritionists orientation is adequate. However, it is important to emphasize that the formulas are costly; thus often the request sent by the nutritionist is not met in real time by the city hall of destination, which makes many parents report preparing the formula hyper diluted, with the purpose of yielding more to infants.



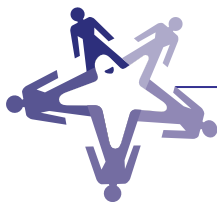
MASTICATORY SYSTEM EVALUATION AND NUTRITIONAL STATUS IN TREACHER COLLINS SYNDROME: CASE REPORT

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Treacher Collins Syndrome (TCS) is a rare craniofacial anomaly and its main characteristics are zygomatic and mandibular hypoplasia, associated or not with cleft lip and palate. **OBJECTIVE:** To describe the impact of micrognathia on the masticatory system of an adult individual with TCS, by measuring bite force, masticatory efficiency and its relation with nutritional status. **METHODS AND RESULTS:** A 26-year-old male with TCS regularly registered at HRAC-USP was evaluated at the Laboratory of Physiology. Masticatory system analysis consisted of: 1) maximum bite force (BF) assessment, using a gnathodynamometer (IDDK Kratos), and, 2) masticatory efficiency (ME), which corresponds to the digital evaluation of grain size after mastication of a standardized piece of carrot, submitted to 20 chewing cycles, using image processing software (Image J, NIH). The nutritional assessment consisted of: 1) anthropometric assessment of Body Mass Index (BMI), and, 2) Nutritional and chewing habits through a 24-hour Questionnaire, investigating ingestion of macronutrients, by means of Nutrilife software. Values of BF corresponded to 214N (right molar) and 138N (left molars) (normative values: 275-284N) (Palinkas et al 2010). The average particle size corresponded to 11mm (normative value: ≤ 4 mm) (Woda et al 2010). Nutritional assessment showed a BMI = 32 (grade I obesity) while dietary evaluation indicated a pattern of hypercaloric macronutrient intake, due to chewing impairment, leading to obesity. **CONCLUSION:** The evaluated individual presented reduced bite force and reduced masticatory efficiency compared to the non-syndromic population, suggesting that the syndrome and its mandibular underdevelopment negatively impact masticatory function and nutritional status.

Apoio Financeiro: Nutrilife® Software



LOCATION OF CANALIS SINUOSUS ANATOMIC VARIATION RELATED TO TEETH IN CBCT EXAMS OF INDIVIDUALS WITH CLEFT LIP AND PALATE

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OBJECTIVE: To evaluate the location of the Canalis Sinuosus anatomic variation related to the teeth in individuals with and without cleft lip and palate by means of Cone-Beam Computed Tomography (CBCT) exams. **METHODS:** The sample consisted of 36 CBCT exams out of a total of 100 evaluated that presented variation of the Canalis Sinuosus (CS) for the group without cleft lip and palate (G1) and 111 exams of a total of 200 for the group with this craniofacial anomaly (G2). The location of CS anatomic variation was classified according to the teeth in eight possible regions. It was also analyzed the location of the CS anatomic variation to related to the teeth surface. **RESULTS:** The results were presented in descriptive analysis. In G1 the most common location of the CS anatomical variation was observed in the region of lateral incisor (40%) and canine (30.6%) for the right and left side respectively. In the G2, the highest percentage was observed in the region of premolars and molars for the right side (24.5%) and left side (39.3%). Regarding the position of CS anatomical variation in the surfaces of the teeth, the highest prevalence was observed in the palatine surface in both groups. **CONCLUSION:** The location of CS anatomic variation in individuals with cleft lip and palate was different compared to individuals without this craniofacial anomaly. The location of this anatomic variation should be considered in patients with cleft palate since they undergo various surgical procedures in this region.

Apoio Financeiro: CAPES



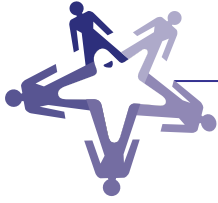
MODIFIED CANTILEVER FIXED PARTIAL DENTURE FOR REHABILITATION OF PATIENT WITH CLEFT LIP AND PALATE AFTER DENTAL TRAUMA

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PURPOSE: This report aimed to show an oral rehabilitation in patient with cleft lip and palate using a modified fixed partial prosthesis in cantilever after premature loss of an anterior primary tooth due to dental trauma. The difference between this alternative and the traditional fixed partial denture is that it does not require preparation with loss of supporting teeth structure. **CASE REPORT:** Female, 4 years old, attended the Pediatric Dentistry Clinic of a center for cleft lip and palate treatment 4 days after dental trauma. Clinical and radiographic examination revealed edema and hematomas in her face and buccal mucosa, furthermore the primary maxillary right lateral incisor suffered crown-root fracture with pulp involvement with severe apical extension. Thus, the treatment plan included tooth extraction followed by placement of a removable partial denture due to the child's positive behavior. However, when the patient returned for orthodontic maintenance session her parents claimed that she had developed deleterious oral habits of chewing on the removable appliance at school. Then, a cantilever fixed partial denture was planned without teeth wear. Therefore, the pontic and retainers were made of metal coated with ceromer on dental cast obtained from the impression of upper arch. The structure of the prosthesis did not cover the occlusal surface of supporting teeth. The prosthesis was cemented with dual cure resin after its occlusal adjustment and conditioning of the supporting teeth. Patient remains in clinical and radiographic preservation. **CONCLUSION:** This case showed satisfactory esthetic and functional results, providing improvement in the patient's quality of life.

Apoio Financeiro: CNPq (PIBIC #156686/2019-8)

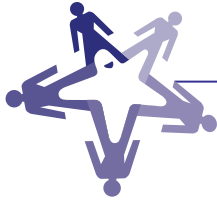


CASE REPORT: ORAL REHABILITATION IN A PATIENT WITH OPERATED UNILATERAL CLEFT LIP AND PALATE

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OBJECTIVE: Esthetic and functional rehabilitation of an individual with complete cleft lip and palate with dental prosthesis. The formation of the face and oral cavity involves the development of several complex tissue processes that must properly bond and fuse between the 8th and 12th weeks of intrauterine life. Cleft lip and palate are congenital defects that occur due to growth disorders in these tissue processes or failure during their fusion. The clefts can affect the lip, palate or both, and can be unilateral or bilateral. Complete cleft lip and palate is the most severe, reaching the lip, alveolar ridge and the entire palate. **CASE REPORT:** Oral rehabilitation with dental prosthesis of an individual with complete left cleft lip and palate will be presented. The case refers to a 20-year-old female patient who has been in cleft rehabilitation since 23 days of life. Throughout this process, the patient underwent several surgeries, operating the palate and uvula without fistulas, as well as surgery for rhinoseptoplasty and secondary cheiloplasty. The patient had absence of teeth 12, 22, 13 and 23 and underwent orthodontic treatment for 8 years to reposition the arches and level the teeth, leaving spaces in the region of teeth 12 and 22. Gingivoplasty from 14 to 24 was performed to make the smile more esthetic and increase the clinical crowns. The prosthetic rehabilitation was performed with placement of two fixed 3-element partial dentures on the abutment teeth 14 to 11 and 21 to 24. **CONCLUSION:** The prosthetic rehabilitation of patients with unilateral cleft lip and palate is one of the great challenges of cosmetic dentistry. Multidisciplinary participation with orthodontics, surgery and dental prostheses with common and integrated objectives are fundamental to obtain an adequate result.



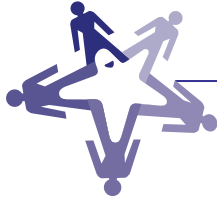
DENTAL PHENOTYPES IN DOWN SYNDROME ASSOCIATED WITH CLEFT LIP AND PALATE: CASE REPORT

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OBJECTIVE: Down syndrome is a chromosomal disorder that presents specific phenotypic changes in its characteristics, such as agenesis and variations in dental morphology, as well as in individuals with non syndromic cleft lip and/or palate. For these reasons, the purpose of this study was to report the dental phenotypic aspect of an individual with Down syndrome associated with cleft lip and palate. **CASE REPORT:** Male, 21 years old, diagnosed with Down syndrome, presenting non syndromic bilateral cleft lip and palate, with cardiac and pulmonary systemic alterations. The radiographic examination (orthopantomographic radiography) showed dental agenesis, rotation and morphological alterations, such as taurodontism and root laceration. **CONCLUSION:** By this clinical case, it was possible to conclude that, although uncommon, cases may occur where Down syndrome is associated with cleft lip and palate. Similarly, these cases of cleft syndrome can present numerous dental anomalies, either of shape, number or position.

Apoio Financeiro: FAPESP e CAPES 001



TREATMENT OF MAXILLARY DEFICIENCY WITH INCREASED LIP ANGLE AND CLOSED NASOLABIAL ANGLE IN A PATIENT WITH CLP. CASE REPORT.

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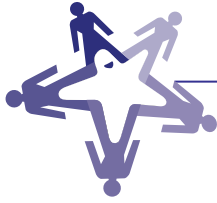
Hospital de Reabilitação de Anomalias Craniofaciais, USP, Bauru

BACKGROUND AND PURPOSE: This paper presents the planning for a double-jaw orthognathic surgery. The patient presented skeletal Class III discrepancy, CLP, maxillary deficiency and a closed nasolabial angle. The lip angle and nasolabial angle are measurements that indicate a correct maxillary position on the sagittal anteroposterior plane. This report discusses possible reasons for the increased lip angle, despite the maxillary deficiency, as well as the reason that allowed Le Fort 1 advancement, improving the facial balance and harmony after orthognathic surgery.

METHODS: The patient was an adult male with non-syndromic bilateral cleft lip and palate (BCLP) and skeletal Class III malocclusion due to a maxillary deficiency and mandibular prognathism. The patient's main complaint was mandibular prognathism and lack of nose support. Evaluation of facial profile revealed a deficit in the middle third, as well as underdevelopment of maxillary growth; however, the patient presented a close nasolabial angle, closed lip angle and upper lip with normal projection and overjet of 8mm.

RESULTS: The surgical planning comprised double-jaw orthognathic surgery with maxillary Le Fort 1 osteotomy and mandibular sagittal osteotomy with clockwise rotation of the occlusal plane. Thus, it was possible to correct the maxillomandibular skeletal Class III discrepancy, improving the facial balance and harmony and achieving normal occlusal relationship, despite the upper lip projection and closed nasolabial angle. **CONCLUSION:** The upper lip projection, closed lip angle and closed nasolabial angle are measurements that indicated incorrect maxillary positioning on the sagittal anteroposterior plane. However, an accurate three-dimensional planification for a double-jaw orthognathic surgery may improve the maxillomandibular skeletal Class III discrepancy.

Apoio Financeiro: CAPES

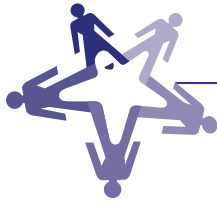


LATE DENTAL COMPLICATION AFTER PALATOPLASTY: CASE REPORT

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OBJECTIVES: To present a clinical case of late dental complication after secondary palatoplasty, its consequences and interventions performed to restore the shape and function of oral structures. **CASE REPORT:** Female patient, aged eight years, presenting complete bilateral cleft lip and palate, presented for treatment at the Pediatric Dentistry clinic at the Hospital for Rehabilitation of Craniofacial Anomalies, as well as to undergo surgery for correction of oronasal fistula. Clinical and radiographic examination evidenced that both permanent maxillary central incisors were erupted and the deciduous maxillary left central incisor had not exfoliated, but was maintained for esthetic reasons. Two years after surgery, the child returned to the clinic for follow-up presenting absence of deciduous and permanent maxillary left central incisors, marked reduction of volume of the premaxilla and severe bone loss on the palatal surface of the permanent maxillary right central incisor. Due to the lack of bone support, extraction of this tooth was necessary and a removable maxillary plate with acrylic teeth was fabricated, to restore the oral structures and minimize the psychological effects caused by the tooth loss. **CONCLUSION:** The occurrence of complications after palatoplasty impairs the objectives of surgery and alters the future management of the case by the multidisciplinary rehabilitation team. By identifying the risk factors, evidence-based protocols should be developed to enhance the results and reduce the adverse effects.



3D TOMOGRAPHIC ANALYSIS OF THE MAXILLARY SINUS OF INDIVIDUALS WITH TREACHER COLLINS SYNDROME

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OBJECTIVE: Individuals with Treacher Collins syndrome (TCS) frequently present upper airway infections. This can be associated with the impairment of the middle and lower thirds of the face that compromises the upper airways dimensions, including the maxillary sinus. The purpose of this study was to three-dimensionally assess the maxillary sinus volume in these patients and compare with control individuals with no syndrome and with the same skeletal pattern (Angle Class II).

METHODS: Eleven Treacher Collins Syndrome adult patients who have not been operated were compared with a sample of 15 unaffected controls. Cone-Beam Computed Tomography (CBCT) exams were analyzed by the software Dolphin Imaging 11.8 to obtain the volume, 3D reconstruction of the maxillary sinuses and presence of mucosal thickening.

RESULTS: Significant decreased total maxillary sinuses volume ($p < 0,05$) was found in the Treacher Collins syndrome group. Median, first and third quartile maxillary sinus volume (cm^3) of control and Treacher Collins syndrome group were respectively: 36.5, 29.6 and 43.9 ; 12, 7.9 and 21.5. No difference was observed for mucosal thickening between TCS and control group.

CONCLUSIONS: Three-dimensional analysis revealed statistically significant diminished maxillary sinus volume in Treacher Collins syndrome and non-normal distribution proves the anatomical variance present in maxillary sinus of this group. Diminished maxillary sinus volume, and its relationship with the upper airway, can be related with the reason of a greater occurrence of upper airway infections in individuals with Treacher Collins syndrome.

Apoio Financeiro: FAPESP

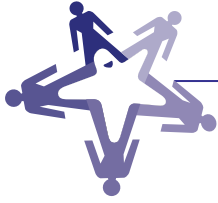


ORTHOGNATHIC SURGERY FOR PATIENTS WITH CLEFT LIP AND PALATE

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Cleft lip and palate is the most common craniofacial anomaly. Patients with clefts present common anatomic differences, such as maxillary deficiency, in all 3 axes; relative incidence of dentofacial deformity skeletal - profile Class III, that arise from intrinsic factors and as a result of previous surgery. The most commonly assessed treatment is orthognathic surgery with maxillary advancement and mandibular setback. This work aims to report one case of orthognathic surgery in a patient with bilateral cleft lip and palate registered at the Hospital for Rehabilitation of Craniofacial Anomalies (HRAC/USP). A non-syndromic male patient presented Class III malocclusion due to maxillary deficiency. The facial analysis showed deviation of the mandibular midline of 4mm to the right, overjet of 1mm, overbite of -2mm and absence of cant. Maxillary LeFort I osteotomy and maxillary advancement of 8 mm was performed. After bilateral sagittal osteotomy of the mandibular rami, an advancement of 5.0 mm in the mandible was performed. The occlusal plane was rotated clockwise. Osteosynthesis was performed with 2.0mm system plates and screws, using the hybrid mandibular fixation technique. The patient was controlled for two years, with stable occlusion. The difficulties in treating these skeletal deformities are due to lip and palate fibrosis, lack of bone support in the cleft region, and, in some cases, pharyngoplasty. In most cases, orthognathic surgery is bimaxillary with movements in the three maxillary planes to improve occlusion, aesthetics, and breathing, without pain.



EXPERIENCE REPORT OF ALVEOLAR BONE GRAFT WITH MANDIBULAR SYMPHYSIS: A STANDARD MODE VARIATION

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OBJECTIVE: To report the surgical technique that uses the mandibular symphysis, standard mode variation (iliac crest), as an alternative material for alveolar bone graft in the unilateral cleft lip and palate. **METHODS AND RESULTS:** The technique for obtaining the mandibular symphysis graft is initiated by the infiltration of local anesthetic into the anterior buccal sulcus. A marginal incision in the gingival sulcus along the lower incisors is used. After exposure of the anterior surface of the mandibular symphysis, a rectangle is drawn between the permanent canine teeth. Care should be taken to maintain a minimum distance of 5mm from the lower incisor apex and 2mm from the canine roots. Starting points are created by means of drills to allow reciprocating saw blade access. The lower edge of the symphysis is kept intact. The corticomedullary block is collected with the aid of chisels and curettes. The soft tissues are repositioned and sutured by planes with resorbable thread. No drains are used. The bone graft is remodeled and firmly inserted into the alveolar defect. There are disadvantages of the limited quality and amount which preclude the use in some situations. Conversely, it presents advantages like non-apparent scar, less postoperative pain and need of only one team for harvesting. Studies show similar outcomes to both donor sites (PARK; LEE, 2016)(TRUJILLO et al., 2018). **CONCLUSION:** Alveolar bone graft using the donor site of the mandibular symphysis represents a viable alternative in individuals with complete and unilateral cleft lip and palate.

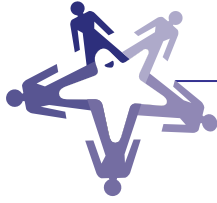


ORTHOGNATHIC SURGERY FOR CORRECTION OF MAXILLARY HYPOPLASIA IN PATIENT WITH COMPLETE UNILATERAL CLEFT LIP AND PALATE. CASE REPORT.

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OBJECTIVE: The primary surgeries performed for correction of tissue changes of complete cleft lip and palate cause disturbances to facial growth, characterized by maxillary hypoplasia associated with normal mandibular growth. Thus, orthognathic surgery becomes necessary to correct the dentoskeletal positioning of these individuals. This paper reports orthognathic surgery in a patient with complete unilateral cleft lip and palate, with esthetic-functional complaints. **CASE REPORT:** Female patient, aged 24 years, with non-syndromic complete unilateral cleft lip and palate. The preoperative facial analysis revealed Class III facial pattern; overjet of -8 mm, absence of cant and midline deviation. The speech evaluation revealed adequate velopharyngeal function with normal resonance. The surgical planning included Le Fort I osteotomy for straight maxillary advancement of 7 mm and bilateral sagittal osteotomy of the mandibular ramus with 5-mm setback. The osteotomies were fixated with 2.0-mm system plates, using the hybrid technique for mandible. Follow-up at 3 months postoperatively revealed occlusal stability and no impairment of speech resonance (absence of hypernasality), and the occlusion remained stable at 12 months postoperatively. **CONCLUSION:** The primary treatments for correction of soft tissue defects caused changes in maxillary growth, which may require orthodontic-surgical treatment for correction. Within this context, orthognathic surgery represents the final surgical stage for occlusal correction of these patients, being a safe and stable procedure.

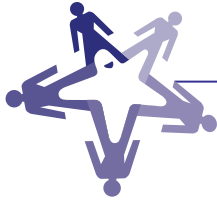


BIMAXILLARY ORTHOGNATHIC SURGERY IN A PATIENT WITH BILATERAL CLEFT LIP AND PALATE: CASE REPORT

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OBJECTIVE: This paper reports a case of an adult patient with bilateral cleft lip and palate with skeletal dentofacial deformity with Class III malocclusion, who was treated with orthognathic surgery at HRAC. **CASE REPORT:** Non-syndromic female patient, 23 years old. Facial analysis showed an overjet of -6 mm; 1 mm overbite; "Cant" with the right side being 2.5 mm lower; upper midline deviated - 4 mm to the right. Surgical planning was performed using Dolphin imaging software by soft tissue cephalometric analysis. A 3-mm advance was planned with Le Fort I osteotomy and a 5 mm set back of the mandible with bilateral sagittal osteotomy to correct maxillomandibular discrepancy. To fix the osteotomies, system 2.0 plates in the maxilla and mandible; in addition to the plates, positional bicortical screws were used in the mandible. The patient is in the postoperative period of one year, with no relapses and orthodontic finishing. **CONCLUSION:** Patients with cleft lip and palate have anatomical and functional alterations. These malformations cause dental, skeletal, nutritional and psychological alterations, which directly interfere with speech, phonation, swallowing and aesthetics. Orthognathic surgery is inserted in this context as one of the final stages of treatment of these patients, bringing functional, esthetic and quality of life improvements.

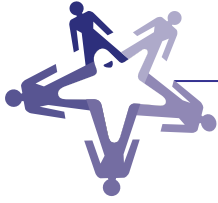


EXTERNAL ROOT RESORPTION: PERIODONTAL AND ENDODONTIC INTERVENTION. CLINICAL CASE REPORT

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OBJECTIVE: To present the possibilities of treatment of external cervical resorption (ECR), from the endodontic and multidisciplinary standpoint. **CLINICAL REPORT:** Male individual, aged 34 years, with complete bilateral cleft lip and palate, presented to clinical examination with teeth 21 and 23 already reshaped, with positive response to cold sensitivity test indicating pulp vitality, negative response to percussion, and absence of spontaneous painful symptomatology. Radiographically, both showed radiolucent areas at the cervical third compatible with external root resorption. Periodontal surgery was performed, with flap and cavity curettage, sealing with MTA and light-cured glass ionomer, yet in tooth 23 there was pulp communication, thus requiring endodontic treatment, which was performed in a single session. At follow-up, healthy gingival tissues were observed and both teeth had normal clinical and radiographic aspects. Tooth 21 maintained pulp vitality. **CONCLUSION:** The treatment of ECR should be multiprofessional, requiring endodontic intervention in the presence of pulp necrosis or in the occurrence of surgical communication of the resorptive cavity with the pulp.



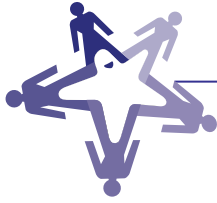
SELF-PERCEPTION OF DENTOFACIAL ESTHETICS IN INDIVIDUALS WITH CLEFT LIP AND PALATE

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OBJECTIVES: The aims of this study were to identify the differences between the self-perception of dentofacial esthetics before and after orthodontic treatment in individuals with unilateral cleft lip and palate, and compare the results between sexes. **METHODS:** The sample consisted of 39 individuals with unilateral cleft lip and palate (19 men and 20 women) with mean age 23.3 years (sd = 3.8) who were photographed in frontal view before (T1) and after (T2) orthodontic treatment. These individuals were requested to analyze their own photographs by using an adapted analog visual scale of facial esthetics satisfaction containing notes subdivided into 3 groups: esthetically unpleasant (1 to 3), esthetically acceptable (4 to 6) and esthetically pleasing (7 to 9). The paired t-test was used to compare T1 and T2 whereas the Mann-Whitney test was used to investigate sexual dimorphism. The significance level considered was 5%. **RESULTS:** The self-perception of dentofacial esthetics improved from T1 (mean = 4.28; sd = 1.86) to T2 (mean = 6.92; sd = 1.49), being statistically significant ($p < 0.001$). No sexual dimorphism was found in T1 ($p = 0.456$). However, the self-perception was significantly higher in men comparing to women in T2 ($p = 0.028$). **CONCLUSION:** Individuals with unilateral cleft lip and palate showed a considerable improvement in self-perception of dentofacial esthetics following orthodontic treatment. The self-perception was similar for both men and women before orthodontic treatment, and greater in men after orthodontic treatment.

Apoio Financeiro: CAPES

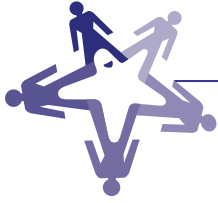


CASE REPORT: ORAL REHABILITATION WITH FIXED PROSTHESIS, CANTILEVER AND VENEERS, RESTORING FUNCTION AND ESTHETICS IN A PATIENT WITH INCOMPLETE BILATERAL CLEFT LIP

GROSSO CG; LOPES JFS, PINTO JHN, AZEVEDO RMG, LOPES MMW, TAVANO RD

Setor de Prótese Dentária do Hospital de Reabilitação de Anomalias Craniofaciais da Universidade de São Paulo, Bauru.

OBJECTIVE: Cleft lip and palate are very common orofacial congenital anomalies. These malformations affect the middle facial third and are caused by the lack of fusion of the processes that form the face between the eighth and twelfth weeks of intrauterine life. They may be an isolated finding or may occur in association with other disorders as a component of a syndrome. The incisive foramen is the anatomical reference point in the diagnosis of cleft. Incomplete bilateral cleft lip is a cleft restricted to the primary palate, involving the lip and/or alveolar ridge without exceeding the limit of the incisive foramen. This work aims to report, by a clinical case, the challenge to rehabilitate patients born with cleft lip and palate, which mostly present absence of lateral incisors due to agenesis and bone defect. **CLINICAL REPORT:** The paper will present the case of a 27 year old female patient, treated at HRAC/ USP since birth and submitted to various esthetic and functional surgeries throughout her life. The patient underwent orthodontic treatment for teeth alignment and space gain for lateral incisors at the HRAC Orthodontics sector. At the beginning of treatment, with dental prostheses, the patient's psychological state was affected by the treatment journey throughout her life due to cleft lip and palate. Preparation of tooth 23 was performed using the silhouette technique, leaving the long beveled end to make a two-teeth fixed prosthesis with lithium disilicate with cantilever mesial to the region of tooth 22 (absent). For a more favorable esthetics, preparations were made on teeth 21, 11 and 12 to receive lithium disilicate facets, leaving a harmonic set between fixed prosthesis. **CONCLUSION:** With this work it was possible to observe the influence of esthetic and functional dental treatment on the psychological aspects of the patient. We also highlight the importance of treatment integrality since birth, going through surgeries and dental treatments, considering expectations and trying to restore the esthetics and function in the rehabilitation of patients with cleft lip and palate.



ORTHODONTIC-SURGICAL TREATMENT ASSOCIATED WITH MANDIBULAR PROSTHESIS IN A PATIENT WITH CRANIOFACIAL ANOMALY

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OBJECTIVE: Oculo-auriculo-vertebral spectrum (OAVS), also known as Goldenhar syndrome and hemifacial microsomia, is the most common congenital craniofacial anomaly. The frequency is 1 case in 5600 livebirths and is considered the result of a blastogenesis defect that involves the structures originated from the first branchial arches. OAVS is characterized by a classic triad of ear, eye and vertebral changes, unilaterally or bilaterally, to different degrees, which determines the asymmetrical appearance of the face. The aim of this study is to report a case of a 21-year-old female patient with OAVS associated with complete unilateral cleft lip and palate, treated at the Hospital for Rehabilitation of Craniofacial Anomalies (HRAC – University of São Paulo). **CASE REPORT:** Patient underwent cheiloplasty at 3 months of age, palatoplasty at 12 months, secondary alveolar bone graft at 14 years. Comprehensive orthodontic treatment was performed with maxillary advancement and mandibular setback associated with rehabilitation of the left condyle by temporomandibular joint prosthesis. **RESULTS:** The improvement in facial pattern and occlusion by surgery associated with the use of temporomandibular prosthesis was observed. **CONCLUSION:** Knowledge of malformations and mastery of clinical and systemic aspects are of fundamental importance to provide the patient with functional and esthetic results, within an inter and multidisciplinary approach.



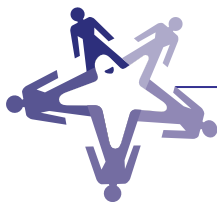
TREATMENT OF CLASS III MALOCCLUSION WITH ORTHOGNATHIC SURGERY IN PATIENT WITH CLEFT LIP AND PALATE

VILAR EGS¹; VILAR EGS¹, SILVA AL², PINHEIRO ML³, ANDRADE EJM³, MELLO MAB³, SILVEIRA ITT⁴, YAEDU RYF⁴

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OBJECTIVE: Cleft lip and palate is the most prevalent congenital anomaly. Its rehabilitation process is long and consists of several surgical steps. It begins in the first months of life and continues until the end of growth. In a significant portion of this group of patients orthognathic surgery is indicated to treat skeletal discrepancy.

CASE REPORT: The aim of the present study is to present a case report of a patient with a repaired complete unilateral cleft lip and palate. The facial analysis shows a 2mm overbite and -2mm overjet, 3mm cant and the lower left side and midline deviation of the nose 2mm to the right and upper midline deviation of the dental 3mm to the right. The proposed treatment was bimaxillary surgery with Le Fort I osteotomy with 6mm advancement without vertical maxillary modification and bilateral sagittal mandibular osteotomy advancing 0.6mm with a slight occlusal plane rotation as well as cant correction. The means of osteosynthesis was the semi-rigid fixation with the 2.0mm plate and screw system in both segments. In the maxilla 4 L-plates and in the jaw hybrid fixation with a straight plate 4 holes and monocortical screws and 2 bicortical positional screws. **CONCLUSION:** Currently the patient is in the postoperative orthodontic retention period of more than one year with stable occlusion, harmonic profile and no complaints.



3D STEREOPHOTOGRAMMETRY ANALYSIS OF PALATAL SURFACE AREA IN CHILDREN WITH ORAL CLEFTS: A 5-YEAR FOLLOW-UP

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OBJECTIVE: to evaluate the palatal surface area in children with different oral cleft types after primary surgeries and at 5 years of age. **METHODS:** the sample consisted of 261 digital models divided into three groups - unilateral cleft lip (UCL), unilateral cleft lip and palate (UCLP), and cleft palate (CP). The models were analyzed at five periods - before cheiloplasty (PRE-1), after cheiloplasty (POST-1), before palatoplasty (PRE-2), after palatoplasty (POST-2), and at 5 years of age (5yr). The area of dental arches was measured by stereophotogrammetry software. The measurements were compared by t test and ANOVA followed by Tukey test ($p < 0.05$). **RESULTS:** In group UCL, the palatal surface area significantly increased between phases ($p < 0.001$). In group UCLP, PRE-2 and POST-2 revealed a significantly decrease ($p < 0.001$). In group CP, the palatal area significantly decreased between PRE-2 and POST-2 ($p = 0.002$). Cheiloplasty did not inhibit the growth of the palatal surface area of children with UCL and UCLP ($p = 0.477$). Palatoplasty significantly decreased the palatal surface area in children with UCLP and CP, demonstrating significant reduction of the dental arch area surface after palate repair ($p = 0.025$). **CONCLUSION:** At 5 years of age, children with UCLP and CP had a significantly smaller palatal surface area than that of individuals with UCL.

Apoio Financeiro: CAPES

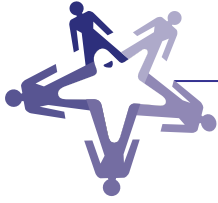


ORTHOGNATHIC SURGERY IN A CLASS III PATIENT WITH CLEFT LIP AND PALATE: CASE REPORT

ANDRADE EJM¹; PINHEIRO ML¹, MELLO MAB¹, SILVEIRA ITT², STRIPARI JM¹, YAEDU RYF²

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This paper is a case report of orthognathic surgery in a patient with complete bilateral cleft lip and palate of the Hospital for Rehabilitation of Craniofacial Anomalies - HRAC-USP. A non-syndromic male patient with Class III malocclusion is the subject of this study. His major complaints were occlusion and facial profile. Facial analysis shows deviation of the midline of the maxilla, mandible, overjet, overbite, presence of "cant", being the left side lower. Cephalometric analysis performed in the Dolphin Imaging 11.8 program identified maxillary retrognathism. The proposed planning was Le Fort I osteotomy for 06 mm anteroposterior advancement and maxillary impaction, and bilateral sagittal osteotomy for occlusal plane hour rotation and 2 mm recoil. Osteosynthesis was performed with 2.0mm system, using the hybrid mandibular fixation technique. Patient under control of 04 years with stable occlusion and completed orthodontic treatment. The dentofacial deformity of these patients with cleft lip and palate is, in most cases, due to maxillary deficiency, usually originating from the scarring fibrosis of primary surgeries, associated with the transverse inclination of the occlusal plane. The difficulties in treating these skeletal deformities are due to lip and palate fibrosis, lack of bone support in the cleft region, and, in some cases, pharyngoplasty. In most cases orthognathic surgery is bimaxillary with movements in the three maxillary planes to improve occlusion, esthetics, breathing, and everything should be in function and without pain.

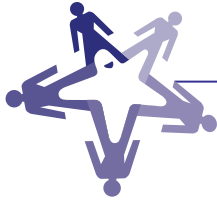


EVALUATION OF ORAL HYGIENE CONDITIONS AND HABITS IN PATIENTS WITH CLEFT LIP AND PALATE – RETROSPECTIVE STUDY

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OBJECTIVE: This study evaluated the oral hygiene conditions and habits of individuals with cleft lip and/or palate assisted at HRAC-USP (Hospital for Rehabilitation of Craniofacial Anomalies). **METHODS AND RESULTS:** The study comprised retrospective analysis of a questionnaire routinely applied to the Dental Prevention Sector of HRAC-USP, including questionnaires of 424 patients assisted at that sector. The mean daily frequency of toothbrushing was 3.3 times; 27.9% flossed regularly and 39.6% sometimes; 69.4% presented regular oral hygiene. There was statistically significant association between age range, plaque index and utilization of dental floss; socioeconomic level and utilization of dental floss, and frequency of toothbrushing, plaque index and utilization of dental floss. **CONCLUSION:** Patients with clefts should be continuously encouraged to improve their oral habits and hygiene, especially at younger ages, with emphasis to regular flossing. Specialized craniofacial centers and dental clinics assisting these individuals should routinely provide counseling on oral health.

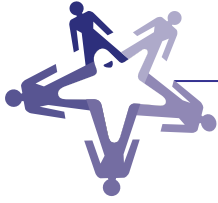


DENTAL FEATURES IN ITO HYPOMELANOSIS - CASE REPORT

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Hypomelanosis of Ito is a rare neurocutaneous disease characterized by hypopigmented skin lesions associated with extra-cutaneous manifestations (neurological, skeletal, ophthalmic and dental disorders). **OBJECTIVE:** to describe the tooth abnormalities found in Hypomelanosis of Ito, by the report of a case assisted at the Hospital for Rehabilitation of Craniofacial Anomalies (HRAC-USP). Case report: 8-year-old male patient, diagnosed with Hypomelanosis of Ito. In the dental evaluation, hypoplasias and irregularities were observed on the enamel surface of upper incisors and first molars. **CONCLUSION:** although common, tooth abnormalities in patients with Hypomelanosis of Ito are poorly understood. Therefore, the dentist should make the diagnosis and assess the need for treatment.

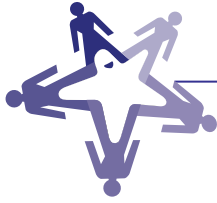


PREVALENCE OF SPEECH DISORDERS IN CHILDREN SUBMITTED TO PRIMARY CORRECTIVE SURGERIES WITHOUT ORTHODONTIC INTERVENTION

SCHILLING GR; DA SILVA MB, KNIPHOFF GJ, MENEGHETTI J, CARDOSO ACA, FERREIRA CP, SCHONARDIE MS, BARBOSA LDR, MACHADO MS, CARDOSO MCAF, MAAHS MAP

Universidade Federal de Ciências da Saúde de Porto Alegre, UFCSPA, Porto Alegre

PURPOSE: To report the prevalence of speech disorders in children with cleft lip and palate submitted to primary surgery without orthodontic intervention. **METHODS AND RESULTS:** Cross-sectional study conducted at Unified Health System outpatient clinic in a Porto Alegre Children's Hospital, where the Extension Project 'Cleft Lip and Palate' is developed, linked to UFCSPA Speech-language and Hearing Science undergraduate course and *Stricto sensu* graduation in Rehabilitation Science. Questionnaires were applied on identification data, age of primary plastic surgery, orthodontic treatment and speech evaluation protocol. Eight participants were included: 75% boys and 25% girls with an average age of 6.9 years. Of these, 87.5% had cleft lip and palate (62.5% on the left side, 12.5% on the right side, and 12.5% bilateral) and 12.5% with cleft lip on right side associated to submucous cleft. All subjects presented speech disorders, being 87.5% passive and 75% active; 87.5% caused by deformity in dentoalveolar and palate structures. There were a higher incidence of audible air escape through the nose (75%) and articulatory point changes (87.5%). There were no plosivization of nasal phonemes and double articulatory points. The absence of glottal blow and glottal coarticulation in the speech stood out. Such active speech alterations are compensations made to adjust the speech closer to normality and these absence is perhaps related to the speech therapy received since early childhood, in the Extension Project. **CONCLUSION:** There was predominance of male subjects, cleft lip and palate on the left side, passive speech alterations and those caused by dentoalveolar and palate deformities.



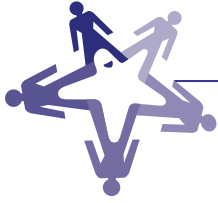
TERATOGENIC AGENTS AND THE RISK TO CLEFT LIP AND PALATE

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1-Hospital de Reabilitação de Anomalias Craniofaciais, USP, Bauru. 2-Faculdade de Odontologia de Bauru, FOB-USP, Bauru

OBJECTIVE: This study investigated the associations between potential teratogenic agents and non-syndromic cleft lip and palate. **METHODS AND RESULTS:** The study was conducted on 102 mothers of children with unilateral or bilateral cleft lip and/or palate and 150 mothers of children without clefts (control group), aged up to 1 year and 3 months and of both genders. An interview was conducted with questions regarding possible teratogenic agents including stress, active or passive exposure to tobacco, use of alcohol, drugs or anticonvulsants, maternal age, housing stability, social support, occupational and chemical exposure. Statistical analysis of data was performed by descriptive statistics, Mann-Whitney and chi-square tests, at a significance level of 5%. Maternal stress during gestation was statistically higher in the group with clefts, thus being a possible determinant factor for the development of cleft lip and palate. The result for the other determinants did not reveal statistically significant differences or were greater in the control group, therefore it was not possible to establish a relationship with the occurrence of cleft lip and/or palate. **CONCLUSION:** According to this study, evaluating the risk factors for the occurrence of non-syndromic cleft lip and palate, it could be concluded that, among all variables studied, stress was the most determining, and the other factors were not statistically significant for the occurrence of cleft lip and/or palate.

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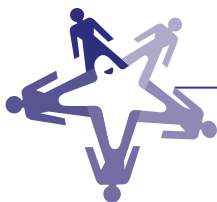


ORTHODONTIC APPROACH TO SURGICAL REPOSITIONING OF THE PREMAXILLA IN AN INDIVIDUAL WITH BILATERAL CLEFT LIP AND PALATE ASSOCIATED WITH BONE GRAFT WITH BONE MORPHOGENETIC PROTEIN (RHBMP-2)

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OBJECTIVE: To describe an orthodontic and surgical approach associated with bone graft with bone morphogenetic protein-2 (rh-BMP2) in a patient with bilateral cleft lip and palate. **METHODS AND RESULTS:** For this study, clinical and radiographic images of a patient with bilateral cleft lip and palate, regularly registered and treated at HRAC-USP, were selected from the HRAC-USP photographic and radiographic files. The selected case was submitted to surgical repositioning of the premaxilla associated with bone graft with bone morphogenetic protein rhBMP-2. **CONCLUSIONS:** The surgical repositioning of the premaxilla associated with the secondary alveolar bone graft with bone morphogenetic protein (rh-BMP-2), in addition to reducing the morbidity of the procedure, has rationalized and simplified the stages of orthodontic treatment, reduced the number of surgeries and made a significant improvement in the esthetic and functional aspects.



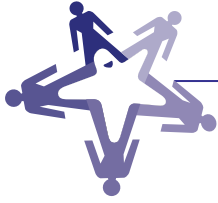
DENTAL ENAMEL DEFECT DIAGNOSIS BY DIFFERENT TECHNOLOGY-BASED DEVICES

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OBJECTIVE: to compare technology-based diagnostic methods for detecting Dental Enamel Defects (DEDs). **METHODS:** two-hundred and nine dental surfaces of anterior permanent teeth were selected in children with cleft lip with/without cleft palate. First, a conventional clinical examination was conducted according to the modified Developmental Defects of Enamel Index (DDE Index). Dental surfaces were evaluated using an operating microscope and a fluorescence-based device. Interexaminer reproducibility was determined using the kappa test. To compare groups, McNemar's test was used. Cramer's V test was used for comparing the distribution of index codes obtained after classification of all dental surfaces. **RESULTS:** Cramer's V test revealed significant differences ($p < 0.0001$) in the distribution of index codes obtained using the different methods; the coefficients were 0.365 for conventional clinical examination versus fluorescence, 0.961 for conventional clinical examination versus operating microscope and 0.358 for operating microscope versus fluorescence. The sensitivity of the operating microscope and fluorescence method was significant ($p = 0.008$ and $p < 0.0001$, respectively). Otherwise, the results did not show statistically significant differences in accuracy and specificity for either the operating microscope or the fluorescence methods. **CONCLUSION:** the operating microscope performed better than the fluorescence-based device and could be an auxiliary method for the detection of DEDs.

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EVALUATION OF PLASTIC SURGERIES AND SIMONART'S BAND INFLUENCE ON MAXILLARY DIMENSIONS IN INDIVIDUALS WITH BILATERAL CLEFT LIP AND PALATE

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OBJECTIVE: To evaluate the characteristics of maxillary development in individuals with bilateral cleft lip and palate (BCLP) who underwent lip and palate repair only, and the influence of Simonart's Band (SB) on maxillary growth as well as the existence of a third surgery. **METHODS AND RESULTS:** Retrospective longitudinal observational study realized in 41 BCLP individuals with mean age 4 months at T0 and 6.6 years at T1. From this sample, 13 individuals had SB (SB group) contrary to the remaining 28 (non-SB group). Initial dental cast before any surgical procedure and a second dental cast after 5 years old. No presurgical infant orthopedics was performed. The main outcome measures were angular and linear measurements in digital maxillary dental cast 3D images for growth evaluation. Initially, the results in the SB group presented all sagittal and cleft width measurements decreased ($P < 0,005$) and a slight tendency of premaxilla left deviation compared to the other group. At T1, this deviation was maintained in the SB group opposite to the other group ($P 0.026$). Only one sagittal measurement showed statistical relevance ($P 0.048$), even though all of them were smaller in the SB group. The influence of third surgery was observed mainly for the maxillary transverse condition at T1 ($p < 0.05$). **CONCLUSIONS:** The SB greatly influences the initial premaxilla anterior projection and, after reconstructive surgeries, it induces a more retropositioned premaxilla maintaining its initial deviation. Only the transverse width is negatively affected by the accomplishment of a third surgery in BCLP subjects.



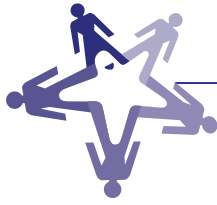
ANALYSIS OF A NEW METHOD OF ORAL HEALTH EDUCATION IN CHILDREN WITH CLEFT LIP AND PALATE

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OBJECTIVE - to analyze the efficacy of an oral health educational programme in children with cleft lip and palate. **METHODS** - thirty-eight children were divided into two groups: dental prophylaxis (G1) and education and motivation instructions in oral health and plaque control (G2). Children were evaluated during six appointments, at 30-day intervals. The Patient Hygiene Performance (PHP) index was used to assess plaque control. A questionnaire was used to evaluate the knowledge on oral health. Baseline and 6-month PHP scores were compared by Mann-Whitney and Wilcoxon tests. The questionnaire scores were analyzed by the t test and paired-t test. **RESULTS** - baseline PHP indices between groups exhibited no statistically significant differences, while the 6-month PHP indices between groups showed statistically significant differences ($p < 0.001$). G2 showed statistically significant differences between baseline and 6-month PHP index ($p < 0.001$). The comparison of groups questionnaire scores showed no statistically significant differences neither at baseline nor after 6 months. In G1, the level of knowledge between baseline and 6-month periods did not show statistically differences, while G2 did. **CONCLUSIONS** - the oral health educational programme improved the plaque control of children with cleft lip and palate.

Apoio Financeiro: CNPq



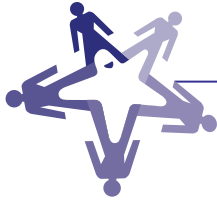
CLASS III MALOCCLUSION CORRECTION BY ORTHOGNATHIC SURGERY IN A PATIENT WITH CLEFT LIP AND PALATE

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OBJECTIVE: The aim of this case report is to present a treatment with orthognathic surgery of a patient with cleft lip and palate and Class III. **CASE REPORT:** Male patient with non-syndromic cleft, submitted to correction by orthognathic surgery, repositioning bone bases to a Class I occlusion. Facial analysis revealed that the upper midline was deviated five millimeters to the right and the inferior one millimeter to the left. Overjet and overbite was – 7 and 1 millimeter, respectively. Surgical planning was made on the Dolphin software with cephalometric analysis and this case needed six millimeters of advance of the upper jaw by Le Fort I and 3 millimeters setback of the lower jaw with sagittal split. The osteotomies were fixated using 2.0 system plate and positional bicortical screws. **CONCLUSION:** It is well known that patients with cleft lip and palate, in most cases, have deficient upper jaw in the three dimension of space. Besides correction of occlusion, the orthognathic surgery also has the objective of aesthetics and function, without pain. Patients with cleft lip and palate still have some extra difficulties, like: bigger discrepancy of maxillomandibular complex because of the primary surgery that limits the growth, preventing the normal upper jaw development. Postoperative follow-up after one year revealed that the patient had Class I occlusion, orthodontics was completed and dental reanatomization was performed to improve aesthetics.

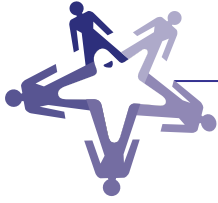
Apoio Financeiro: CAPES



ORTHODONTIC VERTICAL LEVELING BEFORE ALVEOLAR BONE GRAFT IN PATIENTS WITH COMPLETE CLEFT LIP AND PALATE IN THE MIXED DENTITION

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OBJECTIVE: The orthodontic treatment before alveolar bone graft (ABG) requires special attention from the orthodontist and the maxillofacial surgeon. Dental arches with adequate alignment (transverse) and leveling (vertical) allow an ABG surgery with a better prognosis than arches with inadequate alignment and/or leveling. The transverse correction is part of the orthodontic treatment protocol routine since the morphological alteration caused by the cleft, associated with primary plastic surgeries, make the maxillary arch atresic and asymmetrical. The orthodontic vertical leveling, equally important, but not always necessary, is often neglected, worsening the prognosis of the ABG. **CASE REPORT:** Male patient, with complete cleft lip and palate, mixed dentition, 10 years old, Goslon index 5, with severe lack of vertical leveling between the teeth adjacent to the cleft. The patient was submitted to orthodontic treatment with fixed orthodontic appliances and the particularities will be described, such as passive bonding of brackets of teeth before ABG, mild orthodontic mechanics, use of additional resources of anchorage and containment after orthodontic movement until surgery. **CONCLUSION:** The orthodontic vertical leveling allowed ABG in ideal conditions and excellent results in the post-ABG controls.

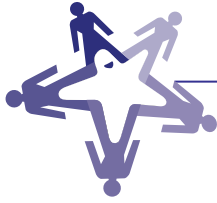


ORTHOGNATHIC SURGERY IN AN ANGLE CLASS II PATIENT WITH CLEFT LIP AND PALATE

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OBJECTIVE: To show the treatment of class II malocclusion with orthognathic surgery in a patient with cleft lip and palate performed at HRAC. **CLINICAL REPORT:** Non-syndromic female patient with class II malocclusion. Its main complaints were occlusion and facial profile. In the facial analysis it was observed: 7 mm overjet; 1 mm overbite; presence of 2 mm “cant” being the right side the lower. In Dolphin Imaging software the cephalometric tracing was performed. Surgical planning was Le Fort I osteotomy for 6 mm maxillary advancement, bilateral sagittal mandible osteotomy for 11.7mm advancement and 5 mm mentoplasty. For the fixation of osteotomies, 2.0 mm system plates and screws were used, and the jaw was fixed using the hybrid technique. One year after surgery, the patient had stable occlusion and the orthodontic treatment was completed. **CONCLUSIONS:** In this case, even the patient with Class II skeletal malocclusion required maxillary advancement along with mandibular advancement due to bimaxillary retrognathism, unlike the most common concave facial pattern in patients with cleft lip and palate, she has convex facial and chin projection deficiency. Orthognathic surgery in patients with cleft lip and palate aims to improve occlusion, esthetics and respiration and surgical success consists of function without pain.

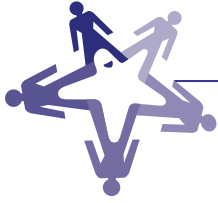


TREATMENT OF MAXILLARY HYPOPLASIA IN SYNDROMIC CRANIOSYNOSTOSIS BY MEANS OF MARPE

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OBJECTIVE: To report the clinical case of a patient with Crouzon syndrome and atresic maxilla, treated with the miniscrew-assisted rapid palatal expander (MARPE), describing the response to expansion in patients with premature ossification of the cranial sutures. **CLINICAL REPORT:** Female patient, 12 years old, Crouzon Syndrome and severe maxillary atresia. The midpalatal suture was already fused by the time of the evaluation with tomography. A MARPE expander with 2 mini-implants was used and the activation protocol was 14 days with $\frac{1}{4}$ turn in the morning and $\frac{1}{4}$ turn at night. Post-expansion tomography showed absence of midpalatal suture opening, corroborated clinically by the absence of the classic presence of a diastema between the maxillary central incisors. **CONCLUSION:** The rapid maxillary expansion in a young patient with Craniosynostosis Syndrome (CS) with MARPE was not effective, probably due to the early ossification of the midpalatal suture and inherent characteristics, such as the volumetric enlargement of the palatal mucosa, which hinders effective anchorage of the minimplants. Studies on the morphology of facial and cranial sutures of patients with CS are of great importance for the adoption of appropriate orthodontic treatment protocols.



MAXILLOMANDIBULAR DISCREPANCY CORRECTION IN PATIENT WITH CLEFT LIP AND PALATE BY ORTHOGNATHIC SURGERY

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OBJECTIVES: The cleft lip and palate is a congenital malformation of the face, occurring due to failure of leveling of the nasal, maxillary and palatal processes between the fourth and ninth weeks of intrauterine life. Due to primary surgeries, these patients have a deficiency in maxillary growth, tending to a Class III skeletal profile, requiring orthognathic surgery for correction. The case report presents the planning, surgical treatment, outcome and postoperative control of an orthognathic surgery performed on a patient with cleft lip and palate. **CLINICAL REPORT:** Patient D.H.A., with right cleft lip and palate, had Class III dentofacial deformity. Clinical analysis revealed the presence of -1 mm overjet, 0.5 mm overbite, 4 mm maxillary midline deviation from the facial midline. The planning had a maxillary advancement of 7mm through the Le Fort I osteotomy and fixation with plates and screws 2.0 mm. At 3-year postoperative control, stable occlusion, no velopharyngeal dysfunction, or speech disorders were present. **CONCLUSION:** The greater the advances made, the greater the tendency of instability, increasing the likelihood of complications, such as pseudoarthrosis and aseptic necrosis, consequently reducing the success rate of the procedure. The present case illustrates the functional and esthetic objective achieved by orthognathic surgery and its stability without recurrence, relying on patient collaboration in the use of elastic bands and periodic follow-ups.

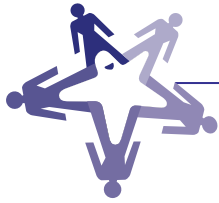


RICHERI-COSTA-PEREIRA SYNDROME IN A PEDIATRIC PATIENT: RARE CASE REPORT

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OBJECTIVE: To report a case of an individual with Richieri-Costa-Pereira syndrome and describe their clinical characteristics with emphasis on dental aspects. **CASE REPORT:** A Brazilian male patient was referred to HRAC/USP at seven days after birth, presenting micrognathia, complete mandibular cleft and respiratory distress. At the age of eight years, during routine follow-up at HRAC/USP, information was collected on his clinical signs, complications and need for hospitalization, with main emphasis on the dental manifestations and proposed dental treatment plan. General examination of the patient evidenced cleft palate, glossoptosis, microstomia, dysphagia, prominent posterior ears, nipple hypertelorism, thumb hypoplasia, fifth digit clinodactyly, hallux hypoplasia, bilateral first to second gap, all of which are compatible with Richieri-Costa-Pereira Syndrome. At the moment the patient is 8 years and 6 months old, has already undergone several restorative treatments, and his orthodontic-surgical rehabilitation is being planned. **CONCLUSION:** Reports about the characteristics and treatment plan in individuals with rare alterations, such as the present case, are relevant, because the shared experience is the most important step so that future therapies can be consolidated and replicated by professionals who face the challenges of rehabilitation of individuals with facial malformations.



SURGICAL TREATMENT FOR A PATIENT WITH CLEFT PALATE – CASE REPORT

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OBJECTIVES: the aim of this paper is to present the treatment sequence for a patient with cleft palate. Cleft palate is a congenital defect that occurs when the lip and maxillary bone (including the palate) do not form properly during pregnancy. The treatment involves performing various surgeries in childhood and puberty. Due to the impossibility of conventional maxillary growth in these patients, it is expected that a dentofacial deformity will be diagnosed at the end of growth and orthognathic surgery shall be indicated. **METHODS AND RESULTS:** patient M.C.F, 30 years old, Caucasoid, sought the craniofacial surgery service of Hospital da Baleia (CENTRARE) in May 2015 complaining of a dentofacial deformity due to cleft palate. The same was referred by an orthodontist, who conducted orthodontic preparation to orthognathic surgery. The patient has a class III occlusal pattern, with a maxillary retrusion associated with mandibular prognathism. She reported having performed surgery for closing the cleft lip at 5 months of age and palate closure at 2 years of age. Orthognathic surgery (maxillary advancement and mandibular indentation) was performed in June 2015, without any complications. **CONCLUSION:** Patients with cleft lip and palate often present dentofacial deformities due to their growth and abnormal development. Often the jaw becomes hypoplastic, leading to crossbite in a Class III pattern. Orthognathic surgery is often the only procedure capable of returning the correct intermaxillary relationship, restoring masticatory occlusion and proper facial esthetics.



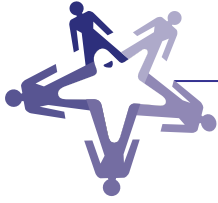
ORTHODONTIC TREATMENT IN A GOSLON 5 UCLP: A SURGICAL APPROACH

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OBJECTIVE: Orthognathic surgery is the treatment of choice to deal with sagittal discrepancies that affect facial appearance. This case reports a proper dental rehabilitation for a patient with Goslon 5 with complete right unilateral cleft lip and palate. **CLINICAL REPORT:** The patient was prepared with maxillary expansion prior to bone graft at the first transitional period. Both upper lateral incisors were extracted due to their position and the need of space for the canines. After bone graft surgery, the patient had two more phases of treatment, the first one right after the graft surgery that had the objective of leveling and alignment of the arch and to stimulate the graft area. The second phase started after the end of growth and was conducted as a decompensatory treatment for the orthognathic surgery. **CONCLUSION:** The case completed with an adequate harmony between face and occlusion, ensuring to the patient a full rehabilitation of her malocclusion.

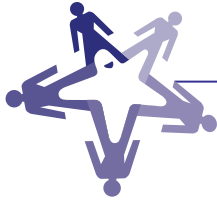


CASE REPORT: ORAL REHABILITATION WITH DENTAL IMPLANT IN THE CLEFT REGION IN A PATIENT WITH BILATERAL CLEFT LIP AND PALATE.

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OBJECTIVE: Among the malformations that affect the human face, cleft lip and palate are the most common birth defects, which occur due to the lack of fusion of embryonic structures and present great diversity of form and amplitude. Complete cleft lip and palate extend from the lip to the uvula through the alveolar ridge, can be unilateral or bilateral, as in the present case. One of the implications of this type of cleft is the absence of the lateral incisor due to agenesis and bone defect. This paper aims to report, by a clinical case, the rehabilitation of a patient with this malformation using dental implant. **CLINICAL REPORT:** 29-year-old female patient, accompanied at HRAC/USP after finishing the orthodontic treatment and beginning the prosthetic rehabilitation treatment, noticed the possibility of implant placement at the region of tooth 22, cleft region already corrected with bone graft. We performed implant placement surgery along with connective tissue graft surgery for volume gain and thus better pink esthetics around the implant, and later a metaloceramic prosthesis was placed over the implant. Clinical and radiographic postoperative controls were performed 6 years after implant placement, proving the success of the rehabilitative treatment. **CONCLUSION:** With this work we would like to demonstrate the success in the rehabilitation with implants at the cleft region in cases with indication for it, highlighting the importance of multidisciplinary planning in the treatment of patients with cleft.

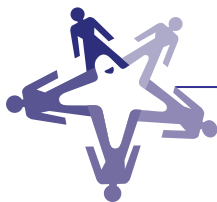


ENDODONTIC TREATMENT IN A PATIENT WITH ECTODERMAL DYSPLASIA: CASE REPORT

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The EEC (ectrodactyly-ectodermal dysplasia-clefting) is a rare autosomal dominant disorder that can be caused by mutations in the TP63 gene, affecting both male and female genders, characterized by limb malformations with ectrodactyly ("lobster claw"), ectodermal dysplasia and cleft lip and palate. Tissues of ectodermal origin are affected, the defects are characterized as developmental anomalies, and heredity is strongly related. Ectodermal dysplasia may manifest with keratoconjunctivitis, nasolacrimal duct abnormalities, dry or eczematous skin, sparse hair, nail dystrophy, tooth abnormalities as hypodontia, anodontia and alterations in shape and mineralized structure of teeth. **OBJECTIVES:** To present the necessary care during endodontic treatment in individuals with EEC. **CASE REPORT:** A 19-year-old male patient with EEC syndrome with bilateral cleft lip and palate attended the Endodontics Department of the Hospital for Rehabilitation of Craniofacial Anomalies (HRAC-USP) for endodontic treatment of teeth 35, 37 and 44 for prosthetic purposes. On clinical examination it was possible to observe little remaining structure, enamel hypoplasia and they tested positive to the cold sensitivity and negative to the vertical and horizontal percussion tests, thus uneventful biopulpectomy was performed. Care regarding the peculiarities of syndromes was taken. **CONCLUSIONS:** Compliance with the systemic conditions and the care offered during treatment were of great importance for the success of therapy and success of rehabilitation.

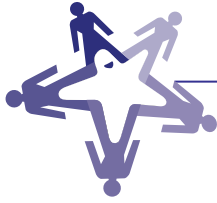


MANDIBULAR GROWTH IN RELATION TO THE CERVICAL VERTEBRAL MATURATION IN PATIENTS WITH UNILATERAL CLEFT LIP AND PALATE

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OBJECTIVE: The primary aim of this study was to verify if mandibular changes could be related to the different stages of cervical vertebral maturation (CVM) in patients with unilateral cleft lip and palate (UCLP). **MATERIAL AND METHODS:** 2,435 lateral cephalograms from 763 non-syndromic patients (age range 6-26 years old) with UCLP and Class III malocclusion were used and cervical vertebrae maturation stages were determined. Mandibular measurements were assessed using the Dolphin Imaging Software®. Significant mandibular changes in height and length occur until stage CVM3 in patients with unilateral cleft lip and palate. **RESULTS:** Overall, a statistically significant change was found in the mandibular height and length only from the CVM1 and CVM2 compared to other stages. **CONCLUSIONS:** CVM stages seem to be related to mandibular growth. Female patients showed mandibular changes until stage 4, whereas male patients showed mandibular changes until stage 6 of the CVM classification.

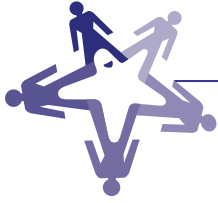


POSSIBLE GORLIN-GOLTZ SYNDROME IN A PATIENT WITH CLEFT LIP AND PALATE: CASE REPORT

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OBJECTIVES: Gorlin-Goltz syndrome includes a wide range of clinical signs and symptoms including important manifestations such as multiple basal cell carcinomas, palmoplantar pits, keratocysts and cleft lip/palate, among others. Due to the risk of malignancy, dentist should recognize the need for early treatment. **CASE REPORT:** A 15-year-old male patient, with a bilateral cleft lip/palate (right side: complete / left side: incomplete), regularly registered at HRAC-USP. After routine radiographic analysis for orthodontic treatment, a cystic lesion in the right mandibular angle was detected. The diagnosis of a keratocyst associated with cell dysplasia was confirmed after incisional biopsy and the lesion was treated by decompression followed by enucleation after 4 months. Thirteen years after the first surgical approach for cyst removal, a recurrence was detected in association with three others similar lesions in each hemiarch. In face of one major criteria (multiple keratocysts) and two minor criteria (upper extremity malformation and cleft lip/palate), Gorlin-Goltz Syndrome was considered as a diagnostic hypothesis and the patient was submitted to continuous follow-up. Lesions were enucleated, this time followed by rigorous curetages, and were confirmed again by histopathologic analysis as keratocysts. The patient is still under follow-up without any relapses. **CONCLUSION:** Gorlin-Goltz syndrome is of great interest for dentists as they can early diagnose the condition. It is important to emphasize that treatment is multidisciplinary, enrolling paediatricians, geneticists, maxillofacial surgeons, dermatologists, among others. All of them should have adequate knowledge of the syndrome's features to work accordingly in their different specialities.



RECOMBINANT HUMAN BONE MORPHOGENETIC PROTEIN-2 FOR CORRECTION OF UNILATERAL CLEFT LIP AND PALATAL: CASE REPORT

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OBJECTIVES: The aim of this paper was to present a case report in which a unilateral cleft lip and palate was repaired with bone graft. **METHODS AND RESULTS:** The 11 years old Caucasian female patient was subjected to correction of unilateral cleft lip and palate (left side) with the rhBMP-2 (INFUSE® Bone Graft). Bone reconstruction including canine repositioning was planned. A one and a half mm titanium mesh was fixed by 4 titanium screws in the adjacent bone structures, to sustain collagen sponge while the protein remains in the cleft, allowing a framework and conformation of the alveolar process. **CONCLUSION:** It was observed that the secondary alveolar bone graft with rhBMP-2 contributed to the rehabilitation due to the filling of bone defects caused by clefts, favoring the eruption of the adjacent canine tooth and the health of periodontal tissue. Bone morphogenetic protein is a potential substitute in bone regeneration process.

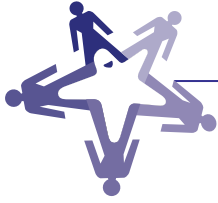


SURGICAL TREATMENT OF CLASS III PATIENT WITH CLEFT LIP AND PALATE

GIROTTI LD¹; GIROTTI LD¹, SILVEIRA ITT¹, COSTA BE², DUARTE BG², MELLO MAB¹, YAEDU RYF¹

1-Faculdade de Odontologia de Bauru, FOB-USP, Bauru. 2-Hospital de Reabilitação de Anomalias Craniofaciais, HRAC-USP, Bauru

OBJECTIVE: The aim of this case report is to present the treatment of Class III malocclusion with bimaxillary orthognathic surgery in a patient with cleft lip and palate performed at HRAC. **CASE REPORT:** Non-syndromic male patient. Facial analysis revealed deviation of the mandible midline of 2 mm to the right; overjet of - 6 mm; 1 mm overbite; did absence of cant. Exposure of 1 mm of maxillary incisors. Surgical planning was performed virtually using the Dolphin Imaging software with cephalometric tracing, which resulted in maxillary retrognathism with slightly flattened occlusal plane. Surgical planning comprised 6 mm maxillary advancement with Le Fort I osteotomy. To fix the osteotomies, 2.0 system plates were used. **CONCLUSION:** Most patients with cleft lip and palate will eventually need orthognathic surgery to correct maxillomandibular discrepancy, due to the scarring fibrosis originating from primary surgeries, which act as a muscle brace preventing the growth of the jaw, intense fibrosis in the lip and palate area, and in some cases there may be pharyngoplasty, representing some difficulties in these cases. One year after surgery, the patient had stable occlusion, no complaints, and orthodontic treatment was completed. Successful treatment is achieved with corrected occlusion, satisfactory aesthetics, and function without symptoms.



ESTHETIC AND FUNCTIONAL REHABILITATION OF THE SMILE IN PATIENT WITH CLEFT LIP AND PALATE: A CASE REPORT

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The esthetic smile rehabilitation of a patient with cleft lip and palate involves an interdisciplinary approach, in which clinicians in different dental specialties are able to take care about prevention, oral health maintenance, orthodontic, and esthetic restorative rehabilitations. Currently, the demand for esthetic and cosmetic dentistry using direct restorations with resin composites has been remarkable in achieving a harmonious smile. **OBJECTIVE:** To report a clinical case of esthetic and functional rehabilitation of the upper anterior teeth of a male patient with right cleft lip and palate of the Hospital for Rehabilitation of Craniofacial Anomalies (HRAC-USP). **CASE REPORT:** After an orthodontic treatment and clinical/radiographic examinations, the functional and esthetic rehabilitations of the upper anterior teeth were planned to perform direct resin composite restorations. Initial clinical analysis of the smile revealed the presence of upper incisors with different sizes and shapes, associated with absence of the right upper canine. The re-anatomization of the anterior upper teeth was then performed using a nanofilled composite (3M ESPE Filtek Z350XT) applied using a freehand technique, which is a faster and less expensive restorative technique, also eliminating other clinical steps. Reasonable clinical results were obtained with the direct application of composite resin, with anterior upper teeth presenting uniform shapes, sizes, and shades after the finishing and polishing clinical steps. **CONCLUSION:** An interdisciplinary restorative treatment of the patient with cleft lip and palate allowed an esthetic and functional rehabilitation of the anterior upper teeth, favoring a harmonic smile.



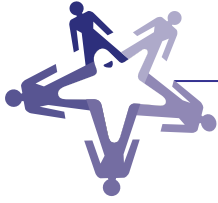
EVALUATION OF NASOPHARYNGEAL DIMENSIONS IN PATIENTS WITH CLEFT LIP AND PALATE SUBMITTED TO ORTHOGNATHIC SURGERY

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OBJECTIVE: The objective of this study was to correlate the pharyngeal air space in patients with cleft lip and palate submitted to orthognathic surgery with maxillary advancement and mandibular setback surgery, by means of volume analysis and minimum sectional area using cone beam computed tomography by modified anterior rhinomanometry (flow-pressure technique) in the pre- and postoperative year of orthognathic surgery. **METHODS:** The sample consisted of 41 individuals, who were evaluated preoperatively and postoperatively, in which the minimum sectional area was determined by modified anterior rhinomanometry expressed in mm² and by cone beam tomography images, evaluated by the Dolphin Imaging 11.0 software, obtaining the numerical values ??of volume (cm³) and minimum sectional area (mm²). **RESULTS:** In all variables, there was an average increase in postoperative values ??in relation to the preoperative period. In addition, a statistically significant difference was observed when comparing the results of the volumes and the minimum sectional area of ??the nasopharyngeal area in the pre and postoperative period by the Dolphin Imaging 11.0 software when applying the Wilcoxon Test. A discrete increase was also observed in the nasopharyngeal area evaluated by rhinomanometry, but without a statistically significant difference by the Wilcoxon test. When comparing ASM by CBCT (ASMD) and rhinomanometry (ASMR) a statistical difference was noted by the Wilcoxon test. **CONCLUSION:** It was concluded that there is a statistically significant difference between the minimum sectional area obtained from CBCT with rhinomanometry.

Apoio Financeiro: CAPES

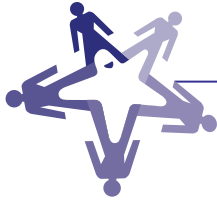


FULL DENTURE IN A YOUNG CHILD WITH CLEFT PALATE - CASE REPORT

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OBJECTIVES: This paper presents a case of full denture in a child, presenting clinical data of the patient since diagnosis of extensive dental caries that required extraction of all deciduous teeth up to denture fabrication and placement. **CASE REPORT:** Patient ALC, female gender, aged 5 years, attended the Pediatric Dentistry clinic of HRAC with the chief complaint of dental caries in all teeth and social interaction problems. Clinical examination evidenced carious lesions with severe destruction of all deciduous teeth, requiring full-mouth extraction. Extractions were performed under general anesthesia and, after disease control and instructions about dietary habits, oral hygiene, and alveolar ridge healing, the fabrication of full dentures was proposed to the family for functional and esthetic oral rehabilitation. Initially, impressions of both arches and vertical dimension were obtained. After fabrication of wax occlusal rims, the reference lines were traced in central relationship and the teeth were selected. The teeth were mounted on a articulator and the denture was fitted. After adjustments, the denture was finalized in acrylic and placed. **CONCLUSION:** Though ideally pediatric dentistry should deal with dental caries prevention, this disease is still present in the population. This report provides information on the management of extreme early childhood caries and the need of full dentures in children, guiding the dentist on treatment planning and providing information that may be adopted in the clinical practice.

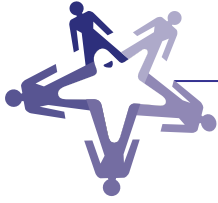


ORAL REHABILITATION WITH METAL-FREE DENTURES IN PATIENT WITH COMPLETE UNILATERAL RIGHT CLEFT LIP AND PALATE

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OBJECTIVE: Among the malformations present at birth, cleft lip and / or palate are outstanding. These clefts occur due to the lack of fusion between the embryonic facial processes and the palatal processes. Presenting a multifactorial etiology, it can trigger a series of alterations that may compromise speech, hearing, esthetics, dental alterations, among others. The clefts can affect from the lip to the uvula and can be unilateral or bilateral. One of the characteristics of this type of cleft is the absence of the lateral incisor due to agenesis and bone defect. This paper aims to report, by a clinical case, the rehabilitation of a patient with a unilateral cleft transformed with the use of metal-free prostheses. **CLINICAL REPORT:** A 32-year-old male patient attended the prosthesis sector for prosthetic rehabilitation after orthodontic finishing, with hypodontia of the right lateral incisor (12), no location or relationship with the canine (13). The patient had many problems, including extensive composite resin restorations. As a treatment plan we opted for extraction of tooth 11, which was compromised and subsequently made as metal-free, with unitary elements: 14 (canine), 22, 23 and 24, and fixed partial denture of 13 (transformed into lateral) up to 21, being 07 elements in disilicate. **CONCLUSION:** With this work, we would like to demonstrate the success of rehabilitation with metal-free prostheses, thus restoring function, esthetics and consequently increasing the patient self-esteem.

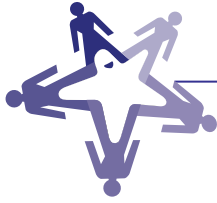


ORTHOGNATHIC SURGERY IN A PATIENT WITH ANGLE CLASS III MALOCCLUSION WITH CLEFT LIP AND PALATE

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OBJECTIVE: To present the treatment of Angle Class III skeletal malocclusion with orthognathic surgery in a patient with unilateral left cleft lip and palate, performed at HRAC. **CLINICAL REPORT:** Female patient, 30 years old, non-syndromic, with aesthetic and functional complaints, with compensatory orthodontic treatment prior to change of planning to ortho-surgical treatment. The digital planning was performed in Dolphin Imaging software, using a CBCT scan. The surgical planning consisted of Le Fort I osteotomy for 4 mm advancement and 2 mm inferior repositioning of the maxilla, and bilateral sagittal osteotomy for 2 mm advancement of the mandible and midline correction. For rigid internal fixation, 2.0 mm system plates and screws were used in the maxilla, and hybrid fixation in the mandible. One year after surgery, the patient had stable occlusion and the orthodontic treatment was completed. **CONCLUSIONS:** The primary surgeries to which cleft lip and palate patients are submitted cause scarring fibrosis that can cause limitation of the skeletal growth and, therefore, maxillary deficiency. In these cases, the maxillomandibular discrepancy can be corrected with bimaxillary orthognathic surgery with movements in the three planes of space, seeking improvements in occlusion, aesthetics and, in some cases, breathing. It is considered that orthognathic surgery is successful when it improves the patient's complaints, and when there is function without pain, especially in the TMJ.



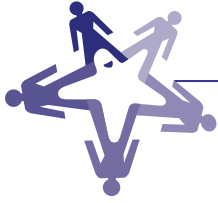
UPPER AIRWAY ANALYSIS IN SYNDROMIC CRANIOSYNOSTOSIS: MORPHOLOGICAL FINDINGS AND COMPUTATIONAL FLUID DYNAMICS ASSESSMENT

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OBJECTIVES: Several studies have been demonstrating upper airway (UAW) anomalies in Syndromic Craniosynostosis (SCS) which is highly linked with obstructive sleep apnea (OSA) and airway resistance syndrome (CALANDRELLI et al., 2018; SAWH-MARTINEZ; STEINBACHER, 2019). The study aimed at characterizing the morpho-physiology of UAW in SCS individuals, compared to controls (CON). We hypothesized that UAW was reduced and physiologically impaired in SCS. **METHODS:** The sample was composed of two groups: SCS (10) and CON (19); volume (cm³) (V) and minimal cross-sectional area (mm²) (mCSA) were assessed by means of tomography, modeled in Mimics Research 17.0 software; UAW was divided into total UAW (tUAW), nasal cavity (NC), and pharynx (Phrx); cephalometric assessment was made into Dolphin Imaging 11.8 software; computational fluid dynamics (CFD) was simulated into ICEM-CFD TM; $p < 0.05$ was considered statistically significant. **RESULTS:** V and mCSA was reduced in SCS 29% (tUAW), 21% (NC), 37% (Phrx); 57% (mCSA); CFD simulations showed a significant reduction on pressure boundary condition on outlet (Pa) (Pout) and UAW resistance (Pa/(L/min)) (Res) in SCS: Pout -45.6 ± 24.26 (CON), -107.78 ± 63.06 (SCS); Res -2.74 ± 1.77 (CON) and -6.88 ± 3.78 (SCS); Cephalometric findings showed a smaller maxillomandibular length, anterior position of hyoid and greater flexure of skull base angle in SCS. **CONCLUSION:** Considering our findings the initial hypothesis was confirmed, since UAW was reduced in SCS and the dynamics were impaired when compared to CON, stressing out the special attention SCS individuals require from the multidisciplinary team.

Apoio Financeiro: Santander e CPES PDSE



MORPHOLOGY AND DIMENSIONS OF MAXILLARY DENTAL ARCH IN INDIVIDUALS WITH BILATERAL CLEFT LIP AND PALATE: INFLUENCE OF PRIMARY PLASTIC SURGERIES

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INTRODUCTION: The purpose of this study was to evaluate the characteristics of maxillary development in individuals with bilateral cleft lip and palate considering the influence of lip and palate repair, as well as the correlation between the age at which surgeries were performed and the final dental cast measurements. **METHODS:** A total of 41 individuals with bilateral cleft lip and palate treated at the same institution were evaluated in two times: prior to surgical intervention and in the mixed dentition using 3-dimensional digital dental casts. The angular and linear digital measurements were analyzed and compared using T tests and Spearman Correlation test for relation analysis. **RESULTS:** Statistical differences between T0 and T1 were found in 13 of 14 measurements analyzed ($p < 0.05$), all demonstrating pronounced differences ($p < 0.01$). Maxillary posterior transverse development was positive, as opposed to the anterior transverse and sagittal development that was highly reduced after surgeries, due to the premaxillary retropositioning that also affected the vertical plane. The premaxilla was centralized, and no direct growth influence was detected in its area evaluation. Low positive and moderate negative correlation with statistical relevance ($p < 0.05$) was found in 11 from 112 correlation coefficients. **CONCLUSIONS:** The restorative surgeries (cheiloplasty and palatoplasty) had a great influence on maxillary development, especially in the anterior region due to premaxilla retropositioning. There was correlation between the age at first surgery and some maxillary characteristics after surgical intervention.

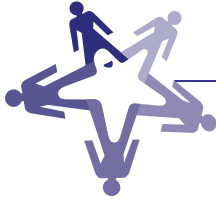


PECULIARITIES IN ENDODONTIC TREATMENT OF INDIVIDUALS WITH CLEFT LIP AND PALATE: EXPERIENCE REPORT

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The oral rehabilitation of individuals with cleft lip and palate is complex and extensive, especially when the alveolar ridge is affected, influencing tooth formation, and the repercussions of the reparative surgery modify the anatomy of the face. For prosthetic purpose or pulpar impairment, endodontic treatment is indicated. **AIM:** To highlight the peculiarities in endodontic treatment of individuals with cleft lip and palate. **EXPERIENCE REPORT:** The rupture of the alveolar process results in dental anomalies of number, shape and position, hindering some stages of endodontic treatment such as obtaining radiographies, placement of rubber dam, coronal opening and performing biomechanical preparation. Reparative surgeries promote modifications in the anatomy of the palate and on the middle facial third, interfering with the correct positioning of the radiographic film and thus altering the reliability of the radiographic image necessary for endodontic treatment. Still, the presence of metallic artifacts resulting from orthognathic surgery may prevent the determination of the fundamental apical limit for the endodontic sequence. These factors are peculiarities inherent to the cleft and cause difficulties to perform some stages of endodontic treatment. The experience acquired and the case studies of the Endodontics Sector of HRAC-USP contributed to the resolution and facilitation of the technique in endodontic intervention of these individuals. **CONCLUSION:** Prior knowledge of these peculiarities associated with the planning of endodontics determines the success of treatment, providing adequate oral rehabilitation and improvement of the individual's life.



POSTOPERATIVE EFFECTS ON DENTAL ARCHES OF CHILDREN WITH UNILATERAL ORAL CLEFT: NEW THREE-DIMENSIONAL ANTHROPOMETRY

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OBJECTIVE: to use new three-dimensional (3D) anthropometric analyses to verify the postoperative effects on the dental arches of children with unilateral oral clefts. **METHODS:** the sample was composed of digitized dental models of children with unilateral complete cleft lip and alveolus (UCLA) and unilateral cleft lip and palate (UCLP). The impressions were taken before cheiloplasty (T1), after cheiloplasty (T2), and after palatoplasty (T3). Statistical analysis was performed using paired t-test, independent t-test, Wilcoxon test, Mann-Whitney test and repeated measures analysis of variance followed by Tukey test ($p < 0.05$). **RESULTS:** the UCLA group showed that the distances I-C, I-T', and I-T increased after cheiloplasty ($p = 0.0002$, $p = 0.0007$ and $p < 0.0001$, respectively). In the UCLP group, the I-C' distance decreased in the post-surgical periods ($p < 0.0001$), while the I-T distance increased ($p < 0.0001$). The I-C distance increased at T2 ($p < 0.0001$). The I-T' distance increased between T2 and T3 ($p = 0.0037$). The intergroup analysis of palatal development (T2-T1) showed that the distances I-C' and I-T' demonstrated a reduction of the dental arches growth of UCLP group compared with the UCLA group ($p < 0.0001$ and $p = 0.0002$, respectively). **CONCLUSIONS:** the new 3D anthropometric analysis showed that the development of the maxillary segments changed after surgical repair. The UCLP group demonstrated a reduction of the dental arches growth compared with the UCLA group.

Apoio Financeiro: FAPESP (Processos nº 2016/ 07631-4 e nº 2017/02706-9).

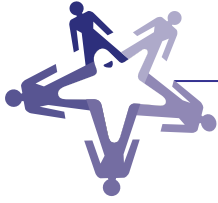


TRANSPOSITION OF PERMANENT UPPER CANINES AND PREMOLARS

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OBJECTIVE: To demonstrate the orthodontic treatment of a patient with complete bilateral cleft lip and palate with upper canine and premolar transposition of the two quadrants. **CLINICAL REPORT:** Patient in permanent dentition, with a Goslon index 2, on her initial clinical evaluation, showing incisors tilt, maxillary atresia, negative tooth-bone discrepancy with constriction of the lower arch. Orthodontic mechanics: In the upper arch, a space was created between the first and second permanent maxillary premolars, achieving mesialization of the first premolar until lateral incisor touch in order to gain canine eruption, and mirroring the same mechanics in the opposite quadrant. In the lower arch, the lower permanent canines were extracted, because they were outside the dental arch, with severe buccalization of the part, exposing little inserted gingiva, followed by mesialization of the premolars, to close the space of the extracted tooth. To finalize, prosthetic rehabilitation was performed on the anterosuperior region, improving the esthetics of the patient's smile. **CONCLUSION:** Patient's results were favorable; superior transposition was maintained and accepted, with good occlusal stability. Furthermore, combined with prosthetic rehabilitation on the anterior upper region, both functional and esthetic harmonic occlusion was achieved.

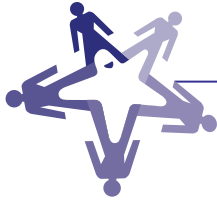


MAXILLARY SURGICAL ADVANCEMENT AND SEGMENTATION WITH EDENTULOUS SPACE CLOSURE IN PATIENTS WITH CLEFT LIP AND PALATE: CASE REPORTS

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OBJECTIVE: The presence of scar tissue in the lip/palate, promoted by primary plastic surgeries, can lead to maxillary deficiency, and orthognathic surgery aims at correcting these deficiencies. The objective of this study is to report two clinical cases of maxillary advancement and segmentation with edentulous space closure in two patients with cleft lip/palate (CLP). **CASE REPORTS:** Case 1: 21-year-old woman, complete bilateral CLP, concave facial profile, 3mm negative horizontal overlap, dental midline deviated 4mm to the right, slight horizontal change in maxillary occlusal plane and an edentulous space in the left cleft due to absence of the lateral incisor. Case 2: Female, 26 years old, complete unilateral CLP, a concave facial profile, 1.5mm of negative horizontal overlap, maxillary dental midline deviated 2.5mm to the right, no horizontal changes in the occlusal plane, edentulous space in the cleft area, missing lateral incisors. Surgical planning for both cases comprised maxillary advancement in two segments with closure of the edentulous space in the cleft area, with the canine assuming the position of the absent teeth. The osteosynthesis was performed with 2.0mm system plates and screws associated with an acrylic palatal splint. Orthodontic treatment is in its final stage and both patients had their masticatory function improved after maxillary retention in the 6-month postoperative period, with no signs of relapse and a very balanced facial profile. **CONCLUSION:** Maxillary segmentation for advancement and closure of edentulous spaces proved to be a viable technique, eliminating the need for extensive prosthetic rehabilitation.

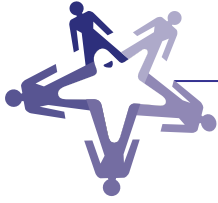


BENEFITS AND LIMITATIONS OF ORTHOGNATHIC SURGERY FOR PATIENTS WITH GOLDENHAR SYNDROME: CASE REPORT

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OBJECTIVE: This paper aims to discuss a clinical case of a patient with oculo-auriculo-vertebral dysplasia undergoing orthognathic surgery. **CASE REPORT:** Female patient undergoing multidisciplinary treatment at the Hospital for Rehabilitation of Craniofacial Anomalies due to presence of oculo-auriculo-vertebral dysplasia (Goldenhar's Syndrome), rare developmental disorder characterized by triad of craniofacial microsomia (usually unilateral), dermoid eye cysts and spinal anomalies. Due to the presence of unilateral microsomia, with an accentuated cant of the occlusal plane, the patient was offered ortho-surgical treatment. Physical examination revealed shortening of the right mandibular ramus, right condyle with reduced volume and class I occlusion. Facial analysis showed cant of 4 mm, midline deviation of 3 mm of the maxilla and mandible to the right, overjet 5 mm and overbite 3 mm. The patient underwent orthognathic surgery of the maxilla and mandible, but occlusal cant was not fully corrected due to limitations related to the surgical technique. Being the ideal treatment for such correction costochondral graft or TMJ prosthesis. The patient has been followed for more than 2 years postoperatively, without pain complaints, stable occlusion, preserved mandibular movements, but with esthetic complaints related to soft tissue. **CONCLUSION:** The treatment of patients with Goldenhar syndrome can be performed with orthognathic surgery, but with limiting results regarding the total correction of occlusal cant.

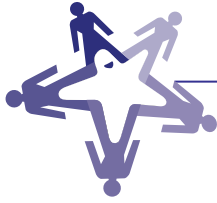


GUIDELINES FOR DIFFERENTIAL DIAGNOSIS OF PERIAPICAL INJURIES IN THE AREA ADJACENT TO CLEFT LIP AND PALATE - EXPERIENCE REPORT

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In the area of cleft lip and palate, bone and dental changes are commonly observed. In addition to these, other pathological conditions may exist, such as periapical lesions. Periapical injury may be due to microbial infection and immunological response, leading to periapical bone resorption. At clinical examination, the affected tooth has a negative response to the sensitivity test and a positive response to percussion and palpation. In the individual with cleft lip and palate, clinical tests are not always conclusive, due to dental anomalies and maxillary malformation, the innervation of the area is compromised even after reconstructive surgery since the nerve course has already been determined embryologically. Thus, further examinations are usually required for a more accurate diagnosis. Radiographically a radiolucent area is observed, in both, periapical lesion and in the cleft, making this differentiation difficult. The aim of this study is to provide guidance on the differential diagnosis of periapical lesions adjacent to the cleft area through the experience acquired during the visits to the Endodontics Sector of the Hospital for Rehabilitation of Craniofacial Anomalies (HRAC/USP), checking the differences between the present bone defect (presence of cleft) and periapical lesion due to radiographically visible endodontic involvement associated with clinical examination. The dental surgeon should have extensive knowledge of embryology and anatomy of the face, characteristics, and location of the clefts, semiology and radiographic and clinical aspects of periapical lesions for differential diagnosis, thus enabling an adequate approach of dental treatment and quality of life of people with cleft lip and palate.

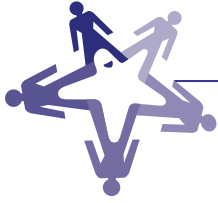


PREVALENCE OF THE CANALIS SINUOSUS ANATOMIC VARIATION IN CBCT EXAMS OF INDIVIDUALS WITH CLEFT LIP AND PALATE

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OBJECTIVE: To evaluate the prevalence of the Canalis Sinuosus anatomic variation by means of Cone-Beam Computed Tomography (CBCT) exams of individuals with cleft lip and palate comparing the cleft side versus the non-cleft side of unilateral cleft lip and palate (UCLP) and also in individuals without cleft. **METHODS AND RESULTS:** The sample consisted of 100 CBCT exams of individuals without cleft lip and palate (G1-control group) and 200 CBCT exams of individuals with unilateral cleft lip and palate (UCLP) and bilateral cleft lip and palate (BCLP), called G2. Anatomical variation was identified and evaluated in all multiplanar reconstructions of the I-Cat Vision® software. Previously, analysis of the intra and inter-rater agreement index with a 15-day interval was performed with results showing almost perfect intra-rater agreement and substantial inter-rater agreement. The results showed a higher prevalence of Canalis Sinuosus anatomic variation for individuals with cleft lip and palate compared to the control group ($P < 0.001$). Between right UCLP and left UCLP, for the prevalence of cleft side versus the non-cleft side, no statistically significant difference was found. **CONCLUSION:** Individuals with cleft lip and palate have a higher prevalence of canalis sinuosus anatomic variation compared to the group without cleft, requiring the professional to make adequate planning prior to surgeries, using CBCT, in order to avoid injury to this neurovascular canal, since these individuals undergo several rehabilitation surgeries involving their region.

Apoio Financeiro: CAPES



SURGICAL CORRECTION OF MAXILLOMANDIBULAR DISCREPANCY IN PATIENT WITH COMPLETE CLEFT PALATE

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2-Bauru School of Dentistry, University of São Paulo, FOB-USP, Bauru

OBJECTIVES: Cleft lip and palate is one of the most common congenital malformations and may or may not be associated with syndromes. The rehabilitation process consists of several surgical stages starting at 3 months and in many cases orthognathic surgery after 17 years of age. The objective of this study is to report the clinical case of a Class III male patient with maxillary hypoplasia and dental agenesis.

CLINICAL REPORT: An adult male patient with a history of treatment for complete cleft palate correction at Hospital for Rehabilitation of Craniofacial Anomalies - USP, Bauru - SP; returned for correction of maxillomandibular discrepancy, presenting on facial analysis overjet -7mm, overbite 2mm, maxillary and mandibular midline deviation to the right. The proposed treatment was Le Fort I type osteotomy with 4mm advancement of the maxilla and sagittal osteotomy of the mandible with 4mm indentation, fixed with straight and L 2.0 system plates. **CONCLUSION:** Orthognathic surgery is able to provide immediate correction of skeletal discrepancies with soft tissue repercussions, promoting the rehabilitation of function and esthetics in patients with cleft lip and palate.

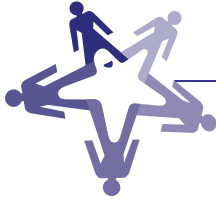


RADIOGRAPHIC LIMITATIONS RELATED TO METALLIC ARTIFACTS FROM FIXED ORTHODONTIC APPLIANCES IN THE ENDODONTIC TREATMENT OF INDIVIDUALS WITH CLEFT LIP AND PALATE

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Individuals with cleft lip and palate require a multidisciplinary rehabilitation, which may involve endodontic treatment. Orthodontic treatment is mandatory for these patients, since the primary surgeries for cleft repair impair the maxillary growth and development, often causing constriction. Thus, the rapid maxillary expansion with subsequent orthodontic movement is an option to correct this deficiency. The presence of metallic artifacts on radiographs due to the presence of fixed orthodontic appliances may impair the endodontic therapy. In several cases, it precludes the radiographic determination of the working length, which is fundamental for all steps of endodontic treatment, to preserve the periapical tissues and maintain the treatment within the root canal limits. The experience of endodontic treatment at the Endodontics sector of HRAC-USP has led to the establishment of strategies to solve these cases. The utilization of electronic apex locators is necessary, which is an effective and accurate method to determine the real working length, is clinically applicable and may be used on deciduous and permanent teeth. This technology is effective and mandatory when the radiographic method is inconclusive, since it establishes the correct apical limit, which is fundamental for a favorable prognosis. However, some techniques should be used to alter the angle during achievement of radiograph, in an attempt to acquire different images that are relevant for a successful root canal obturation. The paper emphasizes the management of the endodontist when determining the working length and achieving radiographs with modified angles.



PRE- AND POST-ALVEOLAR BONE GRAFT ORTHODONTIC APPROACH IN COMPLETE CLEFT LIP AND PALATE IN THE PERMANENT DENTITION: IMPORTANCE OF PREVIOUS VERTICAL LEVELING AND BIOMECHANICAL CONSIDERATIONS

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OBJECTIVE: The orthodontic treatment before the alveolar bone graft (ABG) needs a special attention. Dental arches with adequate alignment (transverse) and leveling (vertical) permit an ABG surgery with a better prognosis than arches with inadequate alignment and/or leveling. The transverse correction is part of the orthodontic treatment protocol routine since the morphological alteration caused by the cleft, associated with primary plastic surgeries, make the maxillary arch atresic and asymmetrical. The orthodontic vertical leveling before ABG, equally important, but not always necessary, is frequently neglected, worsening the prognosis of the ABG. This work aims to report the case of a patient with a severe lack of vertical leveling between the teeth adjacent to the cleft on which biomechanical sources were used that allowed to optimize the orthodontic treatment. **CASE REPORT:** Male patient, with complete cleft lip and palate, permanent dentition, 20 years old, Goslon index: 5, that showed a severe lack of vertical leveling between the teeth adjacent to the cleft. The orthodontic treatment included comprehensive fixed orthodontic appliances. The marginal ridges of the teeth adjacent to the cleft were leveled and, after ABG, the root divergence of these teeth was corrected with an unusual biomechanical resource. Then, interdental gingival papilla and a significant improvement of periodontal condition were obtained. **CONCLUSION:** The orthodontic vertical leveling allowed the ABG surgery in ideal conditions and excellent results in the post-ABG follow-up visits. Post-ABG mechanics enhanced the correction of root divergence and significantly improved the periodontal condition of teeth adjacent to the cleft.

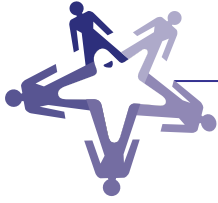


SYSTEMIC ALTERATIONS IN INDIVIDUALS WITH KABUKI SYNDROME

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The Kabuki syndrome (SK) presents autosomal dominant inheritance with variable expressivity, of poorly known etiology, with prevalence of 1:32,000 births and presenting as main clinical characteristic the facial aspects similar to the makeup of actors of the traditional Japanese Kabuki theater and the Pentad of Niikawa: dysmorphic face, skeletal anomalies, dermatoglyphic alterations, intellectual disability and delayed growth. Cleft lip and palate also frequently occur. **OBJECTIVES:** To identify the systemic alterations in individuals with SK. **METHODS:** The study systematically surveyed 46 hospital records of individuals with SK, searching for the diagnosis of systemic alterations and dental needs that required special care. **RESULTS:** 43 (93.47%) of individuals presented cleft lip and/or palate, 36 (76.59%) had some infectious or immunological disease, 17 (36.95%) had heart disorders, 8 (17.39%) presented nephropathy, 40 (86.95%) intellectual disability and 1 (2.77%) had altered karyotype. **CONCLUSIONS:** Individuals with SK presented relevant prevalence of systemic alterations that require special care by dental professionals, especially for the accomplishment of invasive dental procedures.

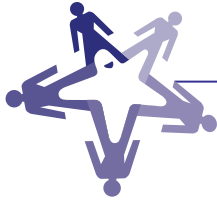


DO TECHNOLOGY-BASED DEVICES IMPROVE CARIOUS LESION DETECTION IN CHILDREN WITH ORAL CLEFT?

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OBJECTIVE: To compare the visual-tactile examination with the technology-based caries detection examinations in children. **METHODS:** Two previously calibrated examiners assessed 405 mesial, distal, labial, and palatal surfaces of the upper anterior permanent teeth next to the cleft area of 95 children aged 6 to 12 years (mean age of 10 years \pm 2 years and 9 months) with oral clefts but without the presence of any associated syndrome or craniofacial anomaly. The following detection methods were used: visual-tactile examination (Method 1), visual-tactile examination through operating microscope (Method 2) and visual examination through LED-based fluorescence device (Method 3). ICDAS was the system used to score all caries lesions for all methods. WHO probe was used during the examination with visual-tactile examination. Operating microscope was used at x10 magnification. LED-based fluorescence (Evince™) had a video camera coupled to the handpiece and linked to a computer. The adjunct caries detection methods were compared to visual-tactile examination by Friedman test ($P < 0.05$). **RESULTS:** The efficacy of carious lesion detection methods were statistically similar ($P = 0.786$). **CONCLUSIONS:** Both the operating microscope and the LED-based fluorescence device did not improve caries lesion detection in the permanent anterior teeth next to the cleft area.

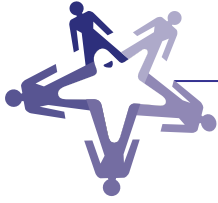


CANINE TRACTION BEFORE BONE GRAFT IN UCLP: A CASE REPORT

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OBJECTIVE: A challenge for the UCLP treatment is the canine setting, and the bone graft is a reasonable way to reach a great result. The purpose of this case is to report a dental rehabilitation treatment for a left unilateral complete cleft with canine traction as a preparation for bone graft surgery. **CLINICAL REPORT:** a Goslon index 2 patient with posterior unilateral crossbite, after the first transitional period was prepared for bone graft surgery with rapid maxillary expansion and due to the canine position in the cleft area, a canine traction for a distal position was planned. After surgery, the orthodontic treatment followed with basic alignment and leveling mechanics. The plan included graft stimulation with canine mesialization into the lateral incisor site, the first premolar was rehabilitated as canine and a space between the first and second premolars was obtained to rehabilitate the arch with a premolar implant. **CONCLUSION:** This case was completed with an appropriate positioning of the canine in the graft area in a Class II position, providing an esthetic smile harmony.



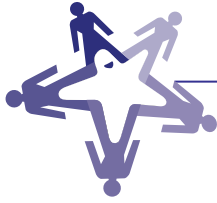
MULTIPLE TOOTH AGENESIS IN NON-SYNDROMIC ROBIN SEQUENCE: A CASE REPORT

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AIM: To report the case of a subject diagnosed with non-syndromic Robin Sequence (ns-RS), presenting multiple tooth agenesis as part of the dental phenotype. **CLINICAL REPORT:** A 13-year-old girl with ns-RS, presenting U-shaped incomplete cleft palate, affecting only the soft palate. Clinically, a large and prominent frontal bone was observed, as well as tongue projection, without history of difficulty breathing. Among dental phenotypes, she presented bilateral agenesis of the upper and lower second premolars (teeth 15 and 25; 35 and 45), and of the upper and lower second molars (teeth 17 and 27; 37 and 47), as well as agenesis of left maxillary lateral incisor (tooth 22), and the right mandibular first premolar (tooth 44). The information was obtained by review of medical and dental records, previously completed by health professionals; as well as archived panoramic radiographs and clinical photos were analyzed. A study published by this research group indicated that individuals with ns-RS present dental agenesis, and in greater number in the lower jaw probably related to micrognathia. **CONCLUSION:** The high number of dental agenesis, uncommon in the non-syndromic Robin Sequence, attract attention, pointing to the different involvement related to dental phenotypes in this condition.

Apoio Financeiro: CAPES 001

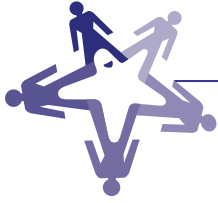


ORAL PAPILLOMA IN A CHILD: CASE REPORT

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OBJECTIVES: to present the longitudinal follow-up of a case of oral papilloma in a child observed at the Hospital for Rehabilitation of Craniofacial Anomalies (HRAC-USP). **CASE REPORT:** Male patient, Caucasoid, aged 8 years, with cleft lip and palate, presented with an oral papilloma at the transition between hard and soft palate, close to the suture of palatoplasty that had been performed at the age of 4 years. The lesion was removed by excisional biopsy and submitted to histopathological analysis, which confirmed the clinical diagnosis of oral papilloma. No lesion relapse was observed after follow-up for approximately one year. **CONCLUSION:** Further studies are necessary on the occurrence of papilloma lesions and the HPV virus, especially in the oral mucosa. For prevention, early diagnosis of disease, and control of transmission of the human papillomavirus, further information should be offered to the general population.



ORTHODONTIC COMPENSATORY TREATMENT IN SHORT FACE UCLP: A CASE REPORT

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OBJECTIVE: It is well known that tooth extraction in patients with a short face discrepancy can complicate the final esthetic results. The purpose of this case is to report a bold dental rehabilitation treatment for a complete right unilateral cleft with short face characteristics that denied the surgical option. **CLINICAL REPORT:** A complete UCLP short faced patient who did not accept orthognathic surgery, was then submitted to compensatory treatment with extraction of two first premolars. The patient had a GOSLON 4, both arches had a transverse disability, severe anterior crowding and the upper right lateral incisor and upper left premolar were absent. The orthodontic treatment started in the upper arch with protrusive mechanics followed by the extraction of both inner first premolars. The next procedure was Class III retraction mechanics to correct the malocclusion. The plan included rehabilitation of the canine as lateral and the first premolar as canine. **CONCLUSION:** Although the face did not change, the case was completed with proper molar relationship and the patient had an optimal dental rehabilitation as expected.

Apoio Financeiro: Projeto Flórida



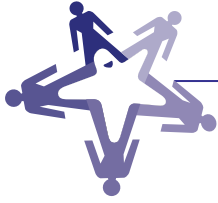
CLINICAL AND DENTAL MANIFESTATIONS OF TREACHER COLLINS SYNDROME AND APERT SYNDROME

SIQUEIRA VS¹; MATEO-CASTILLO JF¹, NEVES LT², PUENTE DE LA VEGA CG¹, ALMEIDA ALPF², PINTO LC¹

1-Hospital de Reabilitação de Anomalias Craniofaciais, USP, Bauru. 2-Faculdade de Odontologia de Bauru, Universidade de São Paulo e Hospital de Reabilitação de Anomalias Craniofaciais (HRAC-USP), Bauru, SP

OBJECTIVES: The aim of this study is to present the clinical and dental characteristics of individuals with Treacher Collins syndrome (TCS) and Apert syndrome (AS), the clinical conduct and the singularities of the endodontic treatment in these individuals.

EXPERIENCE REPORT: TCS is a genetic disease characterized by craniofacial deformities. It is a disorder of the development of autosomal dominant inheritance and variable expressiveness that causes bilateral and symmetrical changes of structures originating from the first and second branchial arches and nasal placodes. AS is an autosomal dominant craniofacial dysostosis characterized by severe developmental disorders of the craniofacial region, including craniosynostosis of any suture of the skull and / or base of the skull, associated with midface hypoplasia, exophthalmia, hypertelorism, symmetrical syndactyly of the hands and feet, and other systemic malformations. The main oral manifestations of these syndromes are impacted supernumerary teeth, hypoplasia and changes in the positioning of the maxillary central incisors, micrognathia, TMJ dysplasia, limitation of mouth opening, malocclusion, overbite, prognathism and retrognathism (mandibular and maxillary) in relation to the mandibular base. Skull, anterior open bite and trapezoidal mouth in the AS. **CONCLUSION:** The observance of systemic and oral conditions and the attention offered during treatment are relevant to the success of endodontic therapy and subsequent aesthetic and functional rehabilitation of these individuals, contributing to improvement in quality of life.



DO CLEFT LIP AND PALATE PHENOTYPES INFLUENCE THE HEALTH-RELATED QUALITY OF LIFE OF ADOLESCENTS?

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1-Hospital de Reabilitação de Anomalias Craniofaciais, Universidade de São Paulo, HRAC-USP, Bauru. 2-Faculdade de Odontologia de Bauru, Universidade de São Paulo, FOB-USP, Bauru. 3-Disciplina de Odontopediatria, Curso de Odontologia, Centro de Ciências da Saúde, Universidade Sagrado Coração, USC, Bauru. 4-Departamento de Odontopediatria, Ortodontia e Saúde Coletiva, Faculdade de Odontologia de Bauru, Universidade de São Paulo, FOB-USP, Bauru. 5-Departamento de Prótese e Periodontia, Faculdade de Odontologia de Bauru, Universidade de São Paulo, FOB-USP, Bauru

OBJECTIVE: to evaluate whether the cleft lip and palate phenotypes influence health-related quality of life of adolescents through Short-Form health survey (SF-36) questionnaire. **METHODS:** fifty-seven adolescents were divided into 2 groups: single cleft - unilateral or bilateral cleft lip or cleft palate (G1), and complex cleft - unilateral or bilateral cleft lip and palate (G2). The participants filled in SF-36 questionnaire to verify their functional, physical, and mental well-being profile. Spearman test assessed SF-36 scores correlation with age. Mann-Whitney U test verified the differences between genders and cleft phenotypes. Linear regression models were used to analyze confounding factors (age and gender). P was set at <0.05. **RESULTS:** the different SF-36 domains weakly correlated with age, ranging from -0.07 (p=0.60) for the social aspects and 0.31 (p=0.02) for general health. Females had statistically lower SF-36 scores than males in the domains bodily pain (p=0.02), vitality (p<0.001), and mental health (p<0.001). G1 showed lower scores in the domains limitations due to emotional problems (p=0.008) and mental health (p=0.036). However, when the confounding factors (age and gender) were analyzed, the oral cleft phenotype did not influence health-related quality of life (p>0.05). **CONCLUSIONS:** according to age and gender, the cleft lip and palate phenotypes did not influence the health-related quality of life of adolescents.

Apoio Financeiro: FAPESP (Processo nº 2015/20715-0)



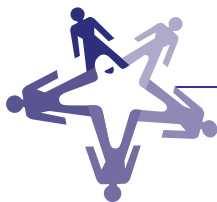
BABIES WITH ISOLATED ROBIN SEQUENCE: CHARACTERIZATION OF NEUROPSYCHOMOTOR DEVELOPMENT

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PURPOSE: Isolated Robin Sequence (IRS) is characterized by the presence of micrognathia and glossoptosis, whether or not associated with cleft palate. Newborns with IRS need to undergo prolonged periods of hospitalization to solve their initial breathing and feeding difficulties. This study aimed to characterize the neuropsychomotor development of infants with SRI and to correlate performance in the areas of Language (L), Gross Motor (MG), Fine Adaptative Motor (FAM) and Personal-Social (PS). **MATERIAL AND METHODS:** The study subjects were 17 babies with IRS, aged 20 days to 12 months, all with cleft palate, admitted to the Special Care Unit of a hospital. The Denver II Development Screening Test was used, which analyzes the PS, FAM, L and GM areas. Each evaluation lasted 30 minutes and was performed at the Special Care Unit. Statistical analysis was descriptive using the Mann-Whitney Test, Fisher's Exact Test and Two Proportion Equality Test. The significance level was set at 0.05. **RESULTS:** 82.4% of the babies showed risk for developmental delays. A higher proportion of risk was identified in the language area (n = 14, 82.4%). Considering the other areas of development analyzed, no statistically significant difference was identified between categories in the babies evaluated. The other areas were also affected: GM (35%), PS (29%) and FAM (12%). **CONCLUSION:** It was possible to verify that the babies showed development delays during their first year of life.

Apoio Financeiro: CAPES



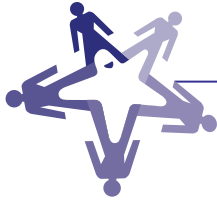
CONVERSATION LANGUAGE AND THE THEORY OF MIND: A COMPARATIVE STUDY OF CLEFT LIP AND PALATE AND NONCLEFT CHILDREN

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1-Faculdade de Odontologia de Bauru (FOB), Bauru. 2-Hospital de Reabilitação de Anomalias Craniofaciais (HRAC), Bauru

OBJECTIVE: This study aimed to verify the relationship between Theory of Mind and Conversation Language aspects in children with cleft lip and palate and noncleft children. **METHODS:** The study involved 30 children, aged between 3 and 5 years and 11 months, both boys and girls, composing two paired groups, forming the target group G1 and the control group G2. G1 was composed of 15 participants with cleft lip, cleft palate, and cleft lip and palate, forming three groups, each with 5 children. G2 was paired to G1 by number, sex and age. The tasks of Theory of Mind and the Protocol for the Evaluation of Conversational Understanding were used, designed for the present study, based on the area reference. **RESULTS:** After the ethical procedures and data collect, the data were submitted to statistical analysis for the correlation of variables. The results showed 45.2% of correct answers in G1 and 53.5% in G2 in the tasks of Theory of Mind, 75% in G1 and 91.9% in G2 of correct answers in the Conversational Understanding assessment protocol, being statistically significant differences, with lower levels for G1, both in Mind Theory tasks and in Conversational Understanding. **CONCLUSION:** This study allowed to conclude that children with cleft lip and palate are at greater risk to present changes in Theory of Mind and Conversation Understanding, since they tended to respond early for the tasks of desires and late for those of false beliefs, interfering with the academic achievement and psychosocial adjustment.

Apoio Financeiro: FAPESP

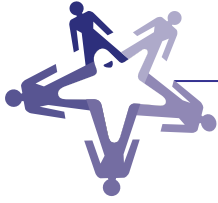


PSYCHOLOGY'S ROLE IN THE TREATMENT OF CRANIOFACIAL ANOMALIES: AN EXPERIENCE REPORT

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OBJECTIVES: to describe the work of Psychology department at the Hospital for Rehabilitation of Craniofacial Anomalies (HRAC), emphasizing the interventions performed. They start in the surgical preparation and continue on postoperative care, also covering the follow-up schedules (craniofacial team, dysphagia, risk-benefit, invasive exam preparation and neuropsychology). **EXPERIENCE REPORT:** the psychologist is responsible for the patient's and family's adaptation to hospitalization. In that period it is likely that they will face themselves with questions about the diagnosis and the way they deal with it. Considering the treatment of craniofacial anomalies at HRAC, patients suffer ruptures in their daily lives because rehabilitation surgeries take place at different ages and have different recovery times. They affect routines and plans of the person and their family. Psychology's role is to balance the demands of the patient's life and those of rehabilitation. The psychologists helps mobilize coping resources for the complex stages of treatment, using strategies based on user embracement and psychoeducation. They also screen for psychiatric disorders, offering referrals and support. The adaptation to the current surgical stage is addressed during the hospitalization and postoperative routine, when expectations and emotions are acknowledged. On the follow-up schedules, the focus is on development issues, discussing potentialities and difficulties experienced in the patient's routine. **CONCLUSION:** The paper addresses how the psychology team contributes with supporting. This support allows the coping of possible psychological difficulties experienced in the treatment, both by the patient and family. Therefore, psychology's work favors the continuity of rehabilitation.

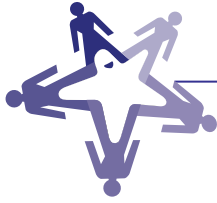


CONTRIBUTIONS OF EXPRESSION AND RECREATION ACTIVITIES DURING HOSPITALIZATION OF INDIVIDUALS WITH CLEFT LIP AND PALATE

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1-Hospital for the Rehabilitation of Craniofacial Anomalies, USP, Bauru. 2-Speech Therapy Department from Bauru Dentistry School, USP, Bauru

PURPOSE: To investigate the contribution of expressive and recreational activities performed during hospitalization of individual with cleft lip and palate in family, social, affective, school and occupational life. **MATERIAL AND METHODS:** The sample was composed of 53 untreated individuals with complete unilateral or bilateral cleft lip and palate, without other disorders, aged 14 to 23 years, living in the Southeast region of Brazil and submitted to three or more surgeries at the Hospital for the Rehabilitation of Craniofacial Anomalies from São Paulo University, being the latter in the period from 2005 to 2009. An interview was especially designed and applied by the examiner, addressing demographic data obtained from the records, open and multiple choice questions, addressing the expression and recreation activities offered to the patients during hospitalization. The interviews were transcribed and the responses were plotted and analyzed as to their content, with quantitative and qualitative analysis of data. **RESULTS:** Most interviewees (94.33%) considered that the activities contributed to their lives, 60.38% for personal growth and 32.08% for interpersonal relationships. According to the responses, the contributions occurred mainly in the social scope (66.04%), aiding the coping of prejudice, enhancing the self-image and self-esteem. **CONCLUSION:** The results evidenced that expression and recreational activities developed during hospitalizations contributed to the lives of interviewees, favoring their personal growth and interpersonal relationships.

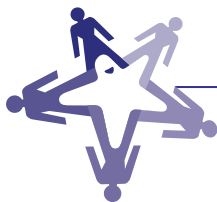


CASE REPORT OF A PSYCHOPEDAGOGICAL INTERVENTION IN A CHILD WITH TREACHER COLLINS SYNDROME

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BACKGROUND: The Treacher-Collins syndrome (TCS) is a rare genetic condition characterized by zygomatic arch hypoplasia, mandibular hypoplasia, oral cleft and abnormal ears. Clinical manifestation usually interferes with communication and learning of the patients. **OBJECTIVE:** to describe the psychopedagogical intervention applied in a patient with TCS from HRAC- USP. **CASE REPORT AND METHODS:** A 8-year-old boy with craniofacial anomalies, cleft palate, respiratory and feeding difficulties, hearing loss, visual impairment and development delay. He never attended school due to his clinical treatment and he is still illiterate. Psychopedagogical and neuropsychological evaluation were performed. After the evaluation, the boy was submitted to twenty sessions at the interdisciplinary remediation program (neuropsychology, psychopedagogy and occupational therapy) which involved training cognitive systematic activities of his lagged skills. Afterwards, the psychopedagogical interventions proceeded, three times a week, for one hour, totalizing 100 sessions, aiming at the potential stimulation to help him overcome his learning difficulties. **RESULTS:** The neuropsychological remediation and systematic psychopedagogical application, along with his clinical improvement (distractor removal, gastrostomy and tracheostomy), contributed to his process of literacy and inclusion as a 3rd year student, in elementary school. **CONCLUSION:** This case allowed us to conclude that the intensive psychopedagogical intervention was significantly helpful for the skill development of the patient with TCS, supporting his scholar inclusion.



MORPHOMETRIC CHARACTERISTICS OF BRAIN REGIONS AND THEIR RELATIONSHIP WITH INTELLECTUAL PERFORMANCE IN CHILDREN AND ADOLESCENTS WITH CLEFT LIP AND PALATE

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OBJECTIVE: to characterize cortical thickness measurements in children and adolescents with non-syndromic cleft lip and palate (NSCLP) and their relationship with intellectual performance. **METHOD:** 24 participants submitted to intellectual evaluation and neuroimaging. The clinical group comprised 12 participants with NSCLP, 7 females and 5 males, mean age 13 years old. The comparative group, without NSCLP, consisted of 7 females and 5 males, equivalent in age, sex and sociodemographic characteristics to the NSCLP group. Instruments and Resources: Raven's Color Progressive Matrices; Wechsler Child Intelligence Scale, Neuroimaging and Computational Anatomy Toolbox software. **RESULT:** the morphological analyses showed alterations of smaller cortical thickness in the group with NSCLP with statistical significance to intellectual ($p < 0.001$) and cognitive index ($p = 0.020$). The correlations of brain structures with inferior intellectual performance occurred in the supramarginal gyrus ($r = 0.618$), inferior parietal (0.591), temporal lobe ($r = 0.586$), orbital pairs ($r = 0.718$). The correlations of cognitive functioning: inferior parietal ($r = 0.608$), temporal lobe ($r = 0.563$) and orbital pairs ($r = 0.720$). **CONCLUSION:** the study provided elements to characterize the anatomical and neuropsychological profile of participants with NSCLP. Anatomical alterations identified were correlated to cognitive and intellectual impairments, providing broadening of knowledge of the peculiarities of the NSCLP phenotype, as a subsidy to refute the cognitive impairment of this population, as a secondary cause of the primary disorder of abnormality. It is pertinent to value the construct, still in the process of construction and generalization, for new propositions.

Apoio Financeiro: PROAP / USP and Clinica Imagem Diagnósticos

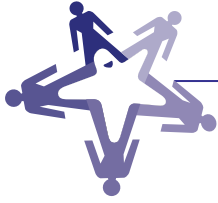


THE CAREGIVING PROCESS OF INFANTS WITH CLEFT LIP AND / OR PALATE, ASSOCIATED TO THE SYNDROME: PSYCHOSOCIAL REPERCUSSIONS EXPERIENCED BY CAREGIVER PARENTS

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OBJECTIVES: To understand the psychosocial implications experienced by parents responsible for the care of their children with cleft lip and / or palate, associated with syndromes. **METHOD:** qualitative study developed in a public and tertiary referral hospital that assists patients with clefts and related syndromes, located in the interior of São Paulo, Brazil. The inclusion criteria comprised informal caregivers of infants with cleft lip and / or palate, associated to syndromes, who were accompanying their children during hospitalization in the Semi-Intensive Unit. The intentional sample was defined by theoretical saturation and consisted of 16 caregivers. Data collection was obtained by interviews, which were recorded and later transcribed in full. The interviews were performed individually, in a private room. The trigger element was: How do you feel taking care of your child? What were the most profound changes in your daily activities? The Thematic Content Analysis was employed as methodological referral. **RESULTS:** Based on the content analyses, five categories concerning the psychosocial repercussions were listed: difficulties facing the diagnosis and beginning of treatment; implications related to finances and paid activities; implications related to family support; implications related to care process and the caregiver's health; implications concerning the access to health resources. **CONCLUSION:** The psychosocial implications experienced by these caregivers are multifaceted and complex. It becomes essential to understand them, in order to plan and implement additional procedures which improve the infants rehabilitation process and the caregivers health and quality of life.



CLEFT LIP AND PALATE IN THE SOCIAL ENVIRONMENT AND GENDER

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OBJECTIVE: To carry out a public survey of the challenges that people with surgically corrected cleft lip and palate report for their insertion into society, specifically in the labor market. **METHODS:** Participants of social networks focused on the field of facial anomalies throughout Brazil were invited to answer a questionnaire anonymously, by notifications made available on social networks by electronic document. The inclusion criteria were: being at least 18 years old, being literate and a user of the referred networks where the invitation link was visualized. The questionnaire applied is an adaptation of the instrument used in the studies of Campos (2011), and was divided into five items, as follows: 1. sociodemographic profile; 2. current professional situation; 3. previous professional experiences; 4. difficulties in entering the market; 5. cleft, gender and field of work. **RESULTS:** The expected results, from the answers that will be collected in each dimension of the interview form, may show that there are differences between genders, since the literature already highlights the questions between male and female genders, and the way the insertion of women in the workplace faces more difficulties than men. **CONCLUSION:** Based on the results, it can also be concluded that people affected by cleft lip and palate find other difficulties of insertion in the world of work, due to stereotypes and for lack of approval of quotas and exemptions presented by municipal, state or federal public policies.

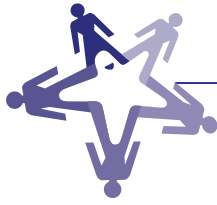


REPORT CHARACTERIZING THE PERSON WITH DISABILITY: AN INSTRUMENT OF SOCIAL INCLUSION AT THE HOSPITAL FOR REHABILITATION OF CRANIOFACIAL ANOMALIES, UNIVERSITY OF SÃO PAULO

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OBJECTIVE: to verify the effectiveness of the report characterizing the person with disabilities among patients resident in Bauru/SP attending the Hospital for Rehabilitation of Craniofacial Anomalies of University of São Paulo from 2013 to June 2018. **METHODOLOGY:** This was a descriptive study with a quanti-qualitative approach and the data were collected by records analysis combined with the interview applied to 16 patients who received the report. For their characterization, the following was taken in consideration: socio-economic strata – according to the Social Work protocol – and clinic profile, both in the patients file. **RESULTS:** The predominant social strata was Low Superior Strata (75%). The speech disorder (unintelligibility) was detected in 68.5% of patients. The totality of patients (100.0%) requested the report in order to ensure insertion in the labor market in the quota for people with disabilities. Among the subjects, 81.25% declared that the report met their expectation. In the subject's conception about disability relating to cleft lip/palate, 56.3% considered themselves disabled and 68.75% reported not knowing the rights of the disable people. **CONCLUSION:** The results confirm the effectiveness of the report and detected the need to create legal mechanisms and devices which favor access to rights and policies favoring the social inclusion of these patients. There is a need to create instruments within health policies in order to consider people with cleft lip/palate and/or other craniofacial anomalies as disabled people during the rehabilitation process or permanently in case of sequelae.

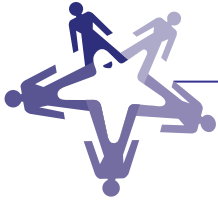


TEENAGERS WITH CLEFT LIP AND/OR PALATE: UNVEILING THEIR EXPERIENCES

GIFALLI M; CAPONE FA, SILVA VAP, FARINHA FT, TRETENE AS

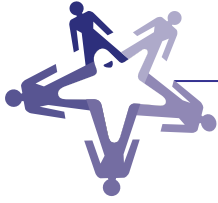
Hospital de Reabilitação de Anomalias Craniofaciais, HRAC-USP, Bauru

OBJECTIVE: to unveil the experience of young people with cleft lip and / or palate concerning the experience of their adolescence. **METHOD:** qualitative and cross-sectional study, developed in a public and tertiary referral hospital which assists patients with craniofacial anomalies, located in the interior of São Paulo state, Brazil. The sample was established by theoretical saturation and consisted of 17 adolescents aged 10 to 19 years old. Data collection took place between February and March 2019, individually, in a private room, by interviews, which were recorded and transcribed in full. The interviews lasted 30 minutes, on average. The thematic content analysis was employed as methodological referral. **RESULTS:** the average age of participants was 15 years (± 2.3). Male gender ($n = 9$; 53%), low economic status ($n = 11$; 65%) and incomplete high school education ($n = 9$; 47%) were prevalent. None of them had children and they were single. From the speeches, three categories were listed: interacting socially, feeling supported and experiencing / facing prejudice. **CONCLUSION:** Most adolescents reported being welcomed in their families and social environment. Protective factors such as family, school and friends contributed to cope with some difficulties, including, among others, the nasal voice in some cases, and the presence of scars. However, these physical and esthetic limitations did not influence their self-esteem and social interaction. Finally, it was possible to learn that adolescents with cleft lip and / or palate experience their adolescence very closely to those who do not present this problem.



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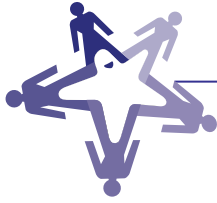
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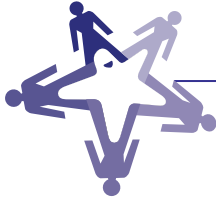
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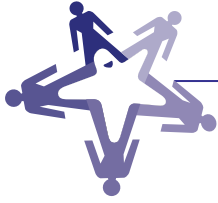
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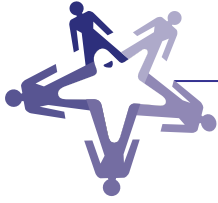
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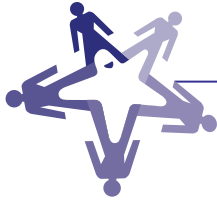
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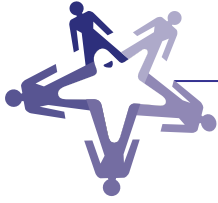
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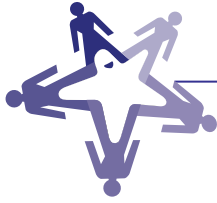
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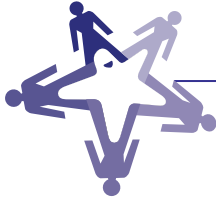
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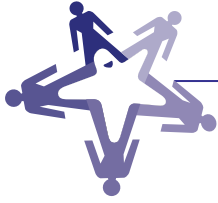
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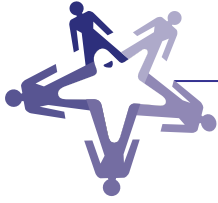
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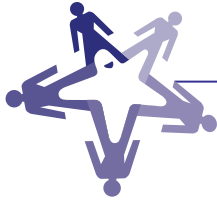


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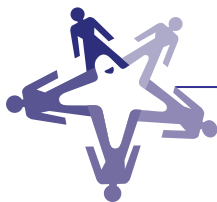
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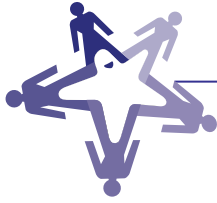
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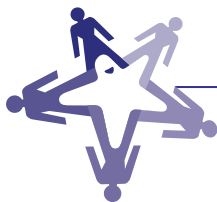
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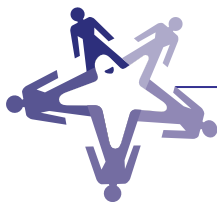
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