

REHABILITATION OF PATIENTS WITH BILATERAL CLEFT LIP AND PALATE WITH ACCENTUATED PREMAXILLA PROTRUSION

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INTRODUCTION: Individuals with bilateral cleft lip and palate exhibit an anatomical morphology of the maxilla in three distinct segments causing a projection of the premaxilla. The primary surgeries act pressing and subsequently repositioning the entire maxillary complex. However, in some circumstances, protrusion and deep overbite remains and premaxillary repositioning is performed to facilitate flatness of the premaxilla, improving aesthetics and facilitating orthodontic treatment (Heidbuchel KL et al, J Cranio Maxilofac Surg 1993). However, the literature is controversial and describes that after the surgical repositioning of premaxilla, facial profile may appear concave with retrusion of the third facial middle, and deficient growth of the premaxilla when compared with patients who did not submitted surgical repositioning (Bishara SE et al, Angle Orthod 1972). There are also reports of the occurrence of open bites in the long term (Heidbuchel KL et al, J Cranio Maxilofac Surg 1993). It is therefore critical the proper management of the premaxilla, either orthodontically or with surgical repositioning. **OBJECTIVES:** The aim of this work is the presentation of clinical indication to surgical repositioning of the premaxilla. **CLINICAL REPORT:** Will be presented clinical cases rehabilitated with surgical repositioning of the premaxilla in patients with bilateral cleft lip and palate with marked projection of the premaxilla, Rehabilitations Hospital Craniofacial Anomalies USP-Bauru. **CONCLUSION:** Although there are controversies in the literature regarding the effectiveness of surgical repositioning of the premaxilla, it was established that appropriate indications brings positive morphological, aesthetic and psychological solutions for the patients.