

# DID YOU KNOW:

## Facts about Cleft Lip and Cleft Palate



### What is Cleft Lip/Cleft Palate?

Cleft lip and palate comprise the most common congenital defect in the United States; about 1 in every 600 newborns is affected. A cleft lip is separation of the two sides of the lip and may include a separation of the gum and upper jaw. A cleft palate is a separation of the roof of the mouth. Cleft can occur on one

side i.e. unilateral cleft lip and/ or palate, or on both sides i.e. bilateral cleft lip and/ or palate. Because the lip and palate develop from different areas, it is possible for the child to have a cleft lip, a palate, or both cleft lip and palate together. Left sided clefts are more common and boys are affected more frequently than girls, 3:1.

### Why Do Clefts Occur?

Most clefts occur very early in pregnancy and without an obvious cause. However, a combination of genetics and environmental factors is thought to be responsible. Once a family has a child with cleft however, risk if subsequent children born with cleft increases significantly and depends

on several factors, i.e. closeness of affected family members, number of members affected and the severity of the cleft. Specific drugs i.e. phenetoin (dilantin—anti-seizure) and Isotretinoin (Accutane—acne), alcohol abuse and smoking have been directly implicated.

### What Type Of Care Do These Children Require?

Children afflicted with cleft lip and palate often require a comprehensive team approach to care. Integral parts of the team are dentist, orthodontist, oral surgeon, speech therapists, geneticist, pediatrician, psychologists and a pediatric plastic surgeon. While surgery focuses on correcting physical deformity, other specialties help with maintaining overall well being. Surgery takes place in different stages at different ages. Lip repair, cheiloplasty can be performed as early as 6 weeks of age even though the old 'rule of 10'—10 weeks, 10 lbs and hemoglobin of—may still apply and may prove critical in "Baby Face" kids since most travel from overseas to New York City for their surgery.

Palate repair, palatoplasty is performed between 12–18 months of age. Earlier intervention may interfere with growth

of mid-face while delay beyond 18 months may negatively affect speech. About 15% of children with cleft of the palate will develop some form of speech problem; hence, speech therapy by a trained therapist is immensely important for this group.

Some children with cleft palate, even after repair, can develop nasal speech (velopharyngeal dysfunction) and may require an additional surgery around 4 to 5 years of age. The last surgery deals with dento-skeletal deformity and should be addressed after the child has completed the growth spurts. One easy way to tell is 'no change' in shoe size for a whole year or two. In some children with cleft palate, the upper jaw, maxilla may not keep pace with growth of the lower jaw, mandible and results in an underbite. This is corrected with single or double jaw (orthognathic) surgery.

### Is Cleft Preventable?

Avoiding the obvious i.e. smoking, drinking is essential. High dose folic acid (1-4 mg/day) for 'planned' pregnancies

may reduce the risk of children born with cleft.

### SPOTLIGHT:

*LBFF Medical Advisory Board Member*  
**M. Zakir Sabry, M.D., P.C.**

A Diplomate of the American Board of Plastic Surgery, Dr. Zakir Sabry is a fellowship-trained plastic surgeon now specializing in cosmetic and reconstructive surgery of face, breast and body. His commitment to excellence is derived from his extensive academic training, strong sense of patient care and a passion for restoring form and function. He is affiliated with North Shore LIJ/Lenox Hill Hospital, Metropolitan Hospital Center and New York Methodist Hospital, Brooklyn.

As a member of the LBFF Medical Advisory Board he performs surgeries to correct cleft and craniofacial deformities.

