

An Improved Technique for Repair of Bilateral Cleft Lip Deformities through Extensive Muscle Dissection in One Stage Surgery

AL-MARZOUK MELWA I. M. AYMA M. BAHAATIEN M. and
LAILA ELBASSIUN M.

The Department of Plastic Surgery, Faculty of Medicine, Mansoura University.

ABSTRACT

Aim of Work: Bahaatiem [1] and Al-Marzouk [2] have reported a technique for repair of bilateral cleft lip deformities using a single stage surgery. The aim of this study was to evaluate the results of this technique in 22 patients.

Patients and Methods: Twenty-two patients were operated on 22 cases of bilateral cleft lip, 11 boys and 11 girls. The age at surgery ranged from 3 months to 1 year. The mean age was 6 months. The technique involved extensive muscle dissection and repositioning of the orbicularis oris muscle to the midline. The mucoperiosteal flaps were based on the orbicularis oris muscle. The nasal tip was reconstructed using a two-stage technique.

Results: The results were evaluated according to the modified Stellwag classification. The results showed good to excellent results in all cases.

Conclusion: The technique of extensive muscle dissection and repositioning of the orbicularis oris muscle to the midline provides good results in the repair of bilateral cleft lip deformities.

INTRODUCTION

Patient with bilateral cleft lip and palate often have significant functional and aesthetic problems. The repair of bilateral cleft lip deformities can be performed in one stage using various techniques. The most common technique involves the use of a two-stage procedure, with the first stage being performed at approximately 3-6 months of age and the second stage at approximately 12-18 months of age. This technique has been reported by many authors, including Stellwag [3], Bahaatiem [4], and Al-Marzouk [2].

A number of surgical procedures have been performed for the repair of bilateral cleft lip deformities, including the use of a single-stage procedure.

We have adopted a long-term technique of Bahaatiem [1], Al-Marzouk [2], and Stellwag [3]. The technique involves a single-stage surgery using extensive muscle dissection and repositioning of the orbicularis oris muscle to the midline. The mucoperiosteal flaps are based on the orbicularis oris muscle. The nasal tip is reconstructed using a two-stage technique. The results of this technique have been reported by Bahaatiem [1], Al-Marzouk [2], and Stellwag [3].

In our experience, the results of this technique are good to excellent in all cases. The technique involves extensive muscle dissection and repositioning of the orbicularis oris muscle to the midline. The mucoperiosteal flaps are based on the orbicularis oris muscle. The nasal tip is reconstructed using a two-stage technique. The results of this technique have been reported by Bahaatiem [1], Al-Marzouk [2], and Stellwag [3].

approaching clefts can be obtained by any one of them [10].

The idea of using a single flap to repair bilateral cleft lip has been proposed by many authors [11-14]. The main advantage of this technique is that it requires only one surgical procedure and there is no need for a second operation. However, the main disadvantage is that it requires a large amount of tissue and it may result in a poor aesthetic outcome.

Recognizing a patient at an early age and providing him with a good cosmetic result is important. In our experience, we have found that the best results are obtained by using a single flap technique [15]. This technique involves creating a large flap from the nasal skin and mucosa, which is then rotated to cover the cleft lip. The flap is then sutured to the nasal skin and mucosa. The final result is a well-healed cleft lip with a good aesthetic outcome.

MATERIAL AND METHODS

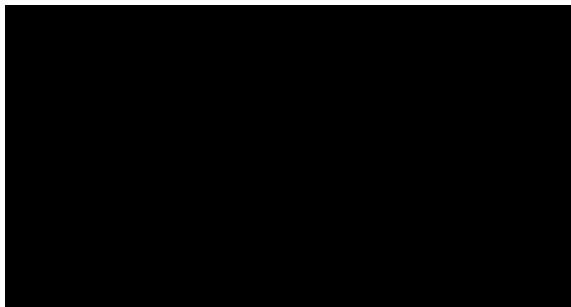
The study was carried out on 22 children aged 3-12 years. The patients were divided into two groups: Group A (n=11) and Group B (n=11). The patients in Group A were operated on using a single flap technique, while those in Group B were operated on using a bilobed flap technique. The flap was created by excising a portion of the nasal skin and mucosa, which was then rotated to cover the cleft lip. The flap was then sutured to the nasal skin and mucosa. The final result was a well-healed cleft lip with a good aesthetic outcome.

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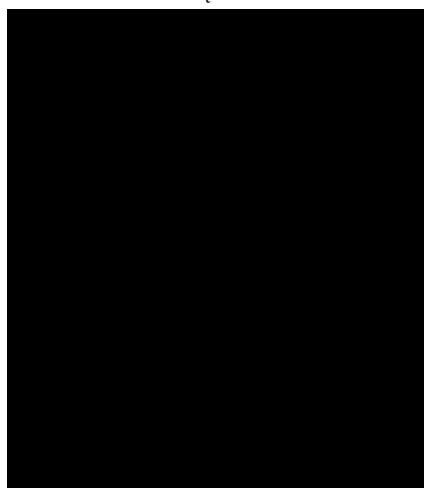
A modified bilobed flap was used in Group B. The flap was created by excising a portion of the nasal skin and mucosa, which was then rotated to cover the cleft lip. The flap was then sutured to the nasal skin and mucosa. The final result was a well-healed cleft lip with a good aesthetic outcome.

The results of the study showed that the bilobed flap technique resulted in better aesthetic outcomes than the single flap technique. The bilobed flap technique also required less tissue and resulted in a shorter operating time.

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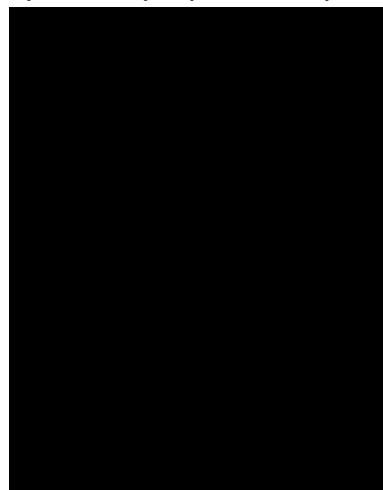
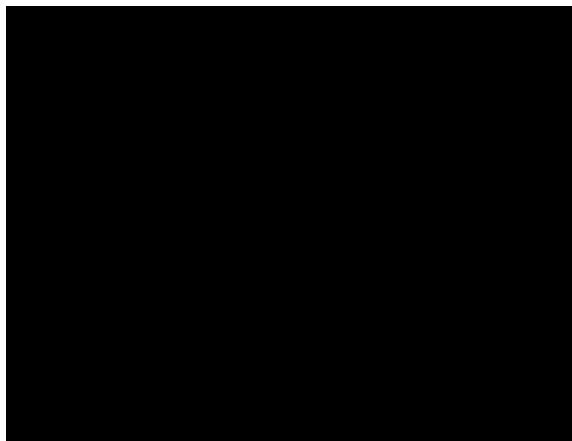


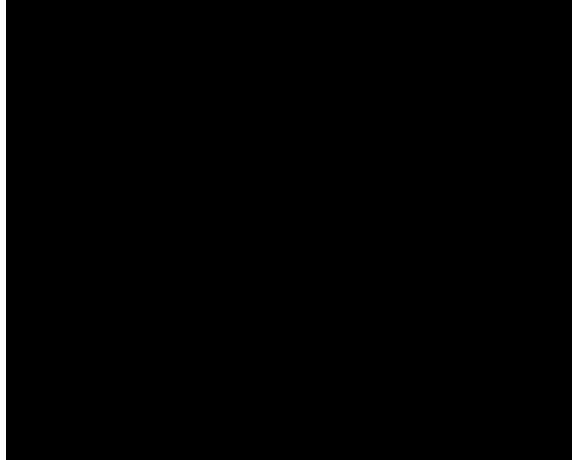
Fig. (3) The three areas of a Sonoran desert, where arid and xeric areas are shown.



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Fig. (5) The orbicularis oculi muscle and its
action on the skin of the eyelid.
The orbicularis oculi muscle acts
to close the eyelids.



g () n e ng e s a f a n o t e n ga b e w e n
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RESULTS

The results of the assay are given in Table 22.

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In our study, we found no evidence of oral mucosal regeneration after buccal mucosa grafting. This was in contrast to the results of other authors who reported good results [10]. We believe that this difference may be due to the fact that our patients had a history of smoking and alcohol abuse before surgery. In addition, the patients in our study were older than those in the study by Sano et al. [10].

DISCUSSION

The absence of oral mucosal regeneration after buccal mucosa grafting has been reported by several authors [10-12]. The reason for this lack of regeneration is not clear. It may be due to the fact that the oral mucosa is more sensitive to the effects of smoking and alcohol abuse than the buccal mucosa.

In our study, we found no evidence of oral mucosal regeneration after buccal mucosa grafting. This was in contrast to the results of other authors who reported good results [10]. We believe that this difference may be due to the fact that our patients had a history of smoking and alcohol abuse before surgery. In addition, the patients in our study were older than those in the study by Sano et al. [10].

We conclude that oral mucosal regeneration after buccal mucosa grafting is not reliable. This is important for the treatment of patients with oral mucosal lesions. We recommend that patients with oral mucosal lesions should be treated with other methods, such as surgical excision or radiotherapy, rather than buccal mucosa grafting.

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