

29. PRE AND POSTSURGICAL MORPHOLOGICAL EVALUATION OF THE TRUE CLEFT PALATE, IN TWO STAGE PALATAL PLASTY.

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Introduction. Maxillofacial fissures are the most common form of congenital malformations of the face and the maxillofacial region. These forms of malformations may vary from simple shapes to particularly non-specific forms. The cleft lip and palate are characterized by anatomical and functional disorders. In unilateral total splits, anatomical disorders are characterized by bone deformities. The upper jaw is divided into two segments by the fissure that passes on the upper lip, alveolar and hard palatal process and soft palatal region. The clinical manifestations of these forms of malformations appear with severe aesthetic facial deformities and functional disorders that can lead to a chain of clinical diseases that endangers even the vital functions of the child.

Methods and materials. Six patients with total palatal splitting were examined. There were impressions and obtained study gypsum models during preoperative to the primary stage of plasty and postoperatively to the secondary stage of plasty of the hard palate.

Results. According to the measurements and calculations, we came to the conclusion that the two-stage plasty, only with passive therapy of separation of the nasal cavity from the oral cavity with the help of palatal plates, has a displacement efficiency of the splitting segments of 46%, while one-stage palatal plasty with active preoperative nasal-alveolar molding with intermaxillary traction has a closure value of 76% (after Elcin).

Conclusion. Two stage hard palate plasty adapts the soft tissues to remove the recurrence of the dehiscence of cleft edges of the hard palate.