54. FUNCTIONAL DISORDERS IN CHILDREN WITH CLEFT LIP AND PALATE AND THEIR IMPACT ON DENTO-MAXILLARY DEVELOPMENT

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Introduction. Cleft lip and palate are the most common congenital malformations treated surgically and orthodontically. There are numerous surgical protocols, and in the Republic of Moldova, the latest was proposed by Professor I. Lupan, according to which primary upper lip plasty is performed at 3-6 months of age, primary soft palate plasty at 6-12 months, and hard palate plasty at 16-20 months. The results are favorable in terms of dento-cranio-facial development but follow-up examinations have shown disorders in the development of the dento-maxillary system. The sequelae of these pathologies are evident in the postoperative morphology of the palate and in the presence of dental anomalies associated with clefts, including maxillary retrusion, low efficiency of occlusal contacts, dental anomalies in position and number, which together destabilize the functions of the stomatognathic system.

Aim of study. Comparative analysis of dental positions in children with and without unilateral cleft lip and palate.

Methods and materials. A total of 8 dental casts were analyzed, including 4 from healthy children and 4 from children with cleft lip and palate, aged 7-9 years. In total, 182 teeth were analyzed in the 3 planes: sagittal, vertical and horizontal.

Results. In children with cleft lip and palate, 87 teeth were examined of which 19 teeth (22%) from were dystopic: 12 teeth (14%) were rotated in the axis, 6 teeth (7%) were in lingual/palatal displacement and 1 tooth (1%) was ectopic. It was established that 13 teeth were dystopic in the maxilla and 6 teeth in the mandible. In healthy children, 95 teeth were examined of which 16 teeth (16%) were dystopic: 7 teeth (7%) were rotated in the axis, 6 teeth (6%) were in lingual/palatal displacement and 3 teeth (3%) were ectopic. It was noticed that 4 teeth were dystopic in the maxilla and 12 teeth in the mandible.

Conclusions. In children with cleft lip and palate, dental positional anomalies were more prevalent in the upper jaw (13 teeth) than in the lower jaw (6 teeth), while in healthy children a higher prevalence was observed in the lower jaw (12 teeth) compared to the upper jaw (4 teeth). The difference in the number of teeth between the two patient groups, despite being of the same age, can be explained by the delayed, yet physiologically normal dental eruption in children with cleft lip and palate.

Keywords. cleft, dystopia, teeth, plasty.

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