

CLEFT LIP

- Cleft lip results from abnormal development of the median nasal and maxillary process.

Types of Cleft Lip:

1. **Central:** It is very rare and occurs due to failure of fusion of two median nasal processes
2. **Lateral:** It is the commonest variety wherein there is a cleft between the frenulum and the lateral part of the upper lip
3. **Complete or incomplete:** In cases of complete variety, cleft lip extends to the floor of the nose. In cases of incomplete variety, the cleft does not extend up to the nostril
4. **Simple or compound:** Compound refers to cleft lip associated with a cleft in the alveolus



1. Normal lip



2. Left unilateral cleft



3. Bilateral cleft

Clinical Features

- In 80% of the cases, cleft lip is unilateral and in about 60% of the cases, it is associated with cleft palate.
- In many cases, nostril is widened.
- Maldevelopment or malalignment of the teeth in relation to cleft is common.

Functional Defect

- Presence of cleft lip does not interfere much with sucking. However, there may be some difficulty in bottle feeding.
- Some degree of difficulty in speech (dysarticulation) is present.

Cleft Lip Repair

- **Timing:** Majority of surgeons follow “RULE OF 10” as a guide for timing of lip and anterior palate repair.

RULE OF 10:

At the time of repair:

- Hemoglobin > 10g/dl
- Age approximately 10 weeks
- Weight > 10lbs (4.54 kg)
- TLC < 10,000/mm³

- Bilateral cleft lip can be repaired in single stage or in two stages at the interval of 3-6 months
- For bilateral repair in one stage, **Veau III** method is simple and gives satisfactory results
- Other single stage methods which give good results are **Milliard's single stage** procedure and **Black Procedure**

Basic Steps of Lip Repair

- Markings are made according to the method selected
- Adrenaline-saline solution is injected in the lip and labial sulcus for hemostasis
- Full thickness of lip is incised along the marking
- Lip repair is done in three layers – mucosa, muscle and skin.