



OFFICE OF THE DEAN

Sri Lakshmi Narayana Institute of Medical Sciences

OSUDU, AGARAM VILLAGE, VILANKUDI COMMUNE, KUDAPAKKAM POST,
PUDUCHERRY - 605 002.

(Recognised by Medical Council of India, Ministry of Health letter No. U/12012/249/2005-ME (P-II) dt. 11/07/2011)
(Affiliated to Bharath University, Chennai - TN)

Circular

27.12.18

Sub: Organising Value-added Course: Cleft palate reg ON 4.1.18

With reference to the above mentioned subject, it is to bring to your notice that SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES, Bharath Institute of Higher Education and Research, is organising “_cleft palate ON 4.1.18_”. The course content and registration form is enclosed below.

The application must reach the institution along with all the necessary documents as mentioned. The hard copy of the application should be sent to the institution by registered/ speed post only so as to reach no on before 2.1.18. Applications received after the mentioned date shall not be entertained under any circumstances.

DEAN
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES
OSUDU, AGARAM VILLAGE, VILANKUDI COMMUNE,
KUDAPAKKAM POST, PUDUCHERRY - 605 002.

Dean

Encl: Copy of Course content and Registration form.

ABSTRACT

Cleft lip is defined as a congenital deformity that occurs in the primary palate which is located anteriorly to incisive foramen. Its occurrence may be unilateral, bilateral, complete or incomplete. Cleft palate is defined as a congenital abnormality that occurs in the secondary palate (soft and hard palate). Its occurrence may be unilateral, bilateral, complete or incomplete.

Our understanding of cleft palates has come a long way over the last few decades. A better understanding of the long-term consequences of a cleft palate and its effect on speech development challenges surgeons to not only effectively repair the cleft, but to also restore function of the palate for adequate speech. Collaboration with speech pathologists is integral for effective management of cleft palate patients, particularly as children begin to develop language. The various challenges and goals of cleft palate management.

Cleft lip and palate are the most common facial deformity. It may involve lip only, lip and palate and palate only. The main reasons of clefting in infants may be either environmental (such as smoking, alcohol, use of drugs) or genetic factors (such as familial factors and chromosomes). A number of specialists involved in treatment of clefting and decides the best treatment plan depending on the site of defect and age of the infant.

CLEFT PALATE

Introduction

The cleft lip and palate deformity is a congenital defect of the middle third of the face, consisting of fissures of the upper lip and/or palate. The patient with clefts of the primary and secondary palate presents a complex biologic, sociologic and psychologic problems. For the effective treatment of the cleft palate patients, there should be coordinating efforts of numerous specialists from the medical, dental and speech pathology departments.

Prosthetic need will vary with each patient from presurgical orthopedic appliances, speech aids, single tooth replacements, multiple tooth replacements, complete dentures with speech aid and prosthetic replacement of the missing facial units.



CLEFT PALATE

Is defined as a congenital fissure or elongated opening in the soft and/or hard palate. Or An opening in hard and/or soft palate due to improper union of the maxillary process and median nasal process during the second month of intra uterine development.

Aetiology

-heredity

-infections

drugs (phenytoin, barbiturates etc) in first trimester of pregnancy

poor diet

hormonal imbalance

Classification

-Based on the extent of the defect

Class I :- cleft lip with cleft alveolus (primary palate)

Class II:- cleft of hard and soft palate (secondary palate) class II : combination of class I and class II

Veau's classification (1922)

Class I cleft involves only the soft palate

Class II - involve the soft and hard palate but not the alveolus.

Class III :- which involves the soft and the hard palate continuing through the alveolus on one side at pre-maxillary area

Class IV :- which involves the soft and the hard palate, the cleft continuing through the alveolus on both sides, leaving a free premaxilla.

PROBLEM ASSOCIATED WITH CLEFT PALATE

1. Feeding problem in infancy due to oronasal communication

Lack of negative pressure necessary for suckling . Nasal regurgitation of food

Feeding time is significantly longer and fatigues both baby and parent

2. Defective speech : Inadequate palate function causes:

Defective speech & hypernasality

Patient may recruit abnormal facial and pharyngeal muscle for speech .

Atypical movement pattern of tongue, lips and mandible .

3. Abnormal swallowing patterns :

Inadequate separation between the oral and nasal cavities in order to prevent nasal regurgitation .

4. Recurrent middle ear infections : Due to velopharyngeal deficiency , middle ear infections are common in cleft palate patients.

5. Abnormal tongue & jaw -- position : Medial --position of the maxillary segments forces the tongue and jaw to assume a lower position . Abnormal position of the tongue below the teeth stops the vertical development of the maxilla by interfering with normal tooth eruption . There will be compensatory eruption of the mandibular teeth which increases the vertical development and produces an occlusion at highest level than is desirable for aesthetic facial proportions.

6. Protruded pre-maxilla :- seen in bilateral cleft cases . Lip closure is often difficult

7. Associated facial defects : Such as nasal deformity , ear deformity , facial cleft, mid-facial retrusion etc.

9. Dental problems include constricted upper arch and crossbite, missing teeth (commonly lateral incisor) supernumerary teeth closed bite, severe malocclusion . 10. Socio- psychological,

problems : Most patients will have psychological trauma due to poor speech and aesthetics, so treatment should also address psychological needs of patients also .

Team approach

Cleft palate patients presents with a complex biologic, sociologic, and psychologic problems. Best management involves several disciplines, a team approach. Members include.

Pediatrician

Plastic Surgeon

Pedodontist

Otolaryngologist

Speech pathologist

Prosthodontist

Geneticist

Pediatric psychiatrist and social worker .

Diagnosis in cleft palate treatment

It is based on the assessment of findings on morphology - and function

Treatment of cleft plate patients Bein suggested that first struction of a cleft palate was by Demosthiseus(384-333 B.C),great Greek Orator, who used to visit seashore in search of properly sized pebbles to fill his palatal defect thereby improve his speech.

Classification



Types of clefts (Mossey et al., 2009) A represents cleft lip and alveolus,

Several authors classified the cleft lip and palate.

Veau (1931) classified the clefts into four main groups:

- Clefts of soft palate.
- Clefts of hard palate.
- Unilateral clefts of the lip, alveolus and palate.
- Bilateral clefts of the lip, alveolus and palate.

According to Koch et al., (1995), Kernahan (1971) suggested a new classification of cleft lip and palate and it gives the shape of Y letter and includes:

- 1 and 4 represent the right and left side of the nasal floor, respectively.
- 2 and 5 represent the right and left side of the lip, respectively.
- 3 and 6 represent the right and left side of the paired alveolar segment, respectively.
- 7 represent the primary palate.
- 8 and 9 represent the secondary palate.

Kernahan classification of cleft lip and palate. (Koch et al., 1995)

Etiology

1. Environmental factors

1. Smoking and alcohol

Smoking and alcohol are considered as the main causes of clefts where high risk of developing a cleft is found in pregnancies with high alcohol abuse and smoking

2. Nutritional factors

Nutritional status plays an essential role in developing cleft lip and palate. Vitamin B6 deficiency was the ma



VALUE ADDED COURSE**CLEFT PALATE****D1-7****List of Students Enrolled Sep 2018 – Jan- 2019**


Year MBBS Student		
Sl. No	Name of the Student	Roll No
1	SUWATHI .R	U15MB385
2	SYLVIA MARY. S	U15MB386
3	THAJES KENCY.F	U15MB387
4	THIRUNAVUKARASU .S	U15MB388
5	UTHISI. R	U15MB389
6	VELMURUGAN .D	U15MB390
7	VENKATA KUMAR .R	U15MB391
8	VENKATESH. G	U15MB392

DR.BALAJI SUBRAMANIYAN
RESOURCE PERSON

DR.JAYALAKSHMI
COORDINATOR

H. S. Ch. Institute of Distance Education and Research
 UNIVERSITY OF CALICUT, MALAPPURAM CAMPUS, MALAPPURAM

POST GRADUATE DIPLOMA IN EDUCATION (PGDE)

S.No.	Roll No.	Name of the candidate	Signature
1	UJDE1765	SUNYATILIN	
2	UJDE1766	SYEDALIYAS	
3	UJDE1767	THAMPAKUNY F	
4	UJDE1768	THEENAVARA ASH D	
5	UJDE1769	UJDE1769	
6	UJDE1770	VILAMBRIGAN D	
7	UJDE1771	VENKATAKUTAR P	
8	UJDE1772	VENKATESH D	



**SRI LAKSHMI NARAYANA INSTITUTE OF HIGHER EDUCATION
AND RESEARCH**

**CLEFT PALATE
and DI 7**

QUESTIONS

Course Code: DI 7

1. ANSWER ALL THE QUESTIONS

1. Cleft lip/Cleft alveolus?
2. Pre maxillary excess?
3. Anterior collapse?
4. Retrognathic maxilla?
5. Pierre - Robin syndrome?

Cleft Palate

Name: YUTIKA P.
Roll No: 01543329

Cleft palate is a type of clefting congenital deformity caused by abnormal facial development during gestation.

• A cleft is a fissure or opening.

Clefts can also affect other parts of the face, such as eyes, ears, nose, cheeks, and forehead.

Primary palate

During the fifth week after primary palate forms by the growth & fusion of the median, lateral nasal and maxillary processes.

Secondary palate

During the 6th week to form shelf like outgrowth from the maxillary process to form the secondary palate.

The 2 palates share a common vertical position because of the independent fangs.

Classification

- Group I (A)

Defect of the soft palate alone.

- Group II (B)

Defects involving the hard and soft palate
Also extending anteriorly to the alveolar ridge.

- Group III (C)

Defect involving the palate through to the alveolar ridge.

- Group IV (D)

Complete bi-lateral clefts.

Complications:

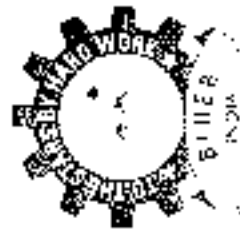
- Feeding difficulties

- Ear Infection and hearing loss

- Dental problem

- Speech difficulties

- Psychological problems.



Sri Lakshmi Narayana Institute of Medical Sciences



CERTIFICATE OF MERIT

This is to certify that THIRUNAVUKARASU.S has actively participated in the Value Added Course on *CLEFT PALATE* held during SEP 2018– JAN-2019 Organized by Sri Lakshmi Narayana Institute of Medical Sciences, Pondicherry- 605 502, India.

Dr. Balaji

RESOURCE PERSON

Dr. Jayalakshmi

COORDINATOR

Student Feedback Form

Course Name: CLGFT (M.A./B.A)

Subject Code: DI - 7

Name of Student: Vandana Kumar . R Roll No.: U15MB391


We are constantly looking to improve our classes and deliver the best training to you. Your evaluations, comments and suggestions will help us to improve our performance

Sl. NO	Particulars	1	2	3	4	5
1	Objective of the course is clear			✓		
2	Course contents met with your expectations			✓		
3	Lecturer sequence was well planned				✓	
4	Lectures were clear and easy to understand				✓	
5	Teaching aids were effective			✓		
6	Instructors encourage interaction and were helpful			✓		
7	The level of the course			✓		
8	Overall rating of the course	1	2	3	4	5

* Rating: 5 - Outstanding; 4 - Excellent; 3 - Good; 2 - Satisfactory; 1 - Not-Satisfactory

Suggestions if any:

Date: 20.12.19


Signature

COURSE COMPLETION

Date: 11.1.2018

From
DR. BALAJI SUBRAMANIYAN, R
Department of dentistry
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES
Bharath Institute of Higher Education and Research,
Chennai.

Through Proper Channel

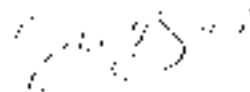
To
The Dean,
SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES
Bharath Institute of Higher Education and Research,
Chennai.

Sub: Completion of value-added course: CLEFT PALATE

Dear Sir,

With reference to the subject mentioned above, the department has conducted the value-added course titled: **CLEFT PALATE** on 10.1.18. We solicit your kind action to send certificates for the participants, that is attached with this letter. Also, I am attaching the photographs captured during the conduct of the course.

Kind Regards,



DR. BALAJI SUBRAMANIYAN

Encl: Certificates

Photographs

