Age 7–12 years late childhood care follow-up

Age 7–12 years: late childhood care/ follow-up

Alveolar bone grafting - ABG is a key surgical intervention for patients with alveolar involvement. The procedure can be carried out at the same time as primary cleft lip surgery and is defined as primary bone grafting. More commonly the procedure is a separate surgical intervention later in development. In this case the term secondary bone grafting is used. Secondary bone grafting is - timed in relation to the development of the underlying adult dentition in the region of the cleft. Dental development can - be assessed radiographically and the optimal window for bone grafting is thus easily defined. The lateral incisor tooth is commonly absent or diminutive but, if present and of normal morphology , the bone graft can be timed around the root - development of this tooth (often described as early secondary grafting at age 5–7 years). The canine tooth is most commonly used in assessment and timing. The optimal timing for intervention is at the point when the canine root is one-half to two-thirds formed (often described as late secondary grafting at age 8–11 y ears). As e there is wide variation in the rate of dental development it is better to assess each patient and their dentition on an individ - ual basis and tailor the treatment to this. Patients may undergo a short period of orthodontic treat - ment prior to bone grafting. Less than 50% of patients with - UCLP will require this. When carried out, the aim is to expand the alveolar cleft to improve surgical access. Occasionally the adjacent teeth may be aligned in advance of surgery if they are interfering with access. It is vital in a bilateral cleft to be able to stabilise the mobile anterior (premaxillary) segment to facilitate bone healing. Adjunctive secondary procedures can be carried out simultaneously , e.g. cleft lip revision. The success rate of ABG is high. There are a variety of scoring systems used to measure outcome. Close teamwork - between the cleft surgeon and the orthodontist is vital. In the situation where there is significant hypodontia in the region of the cleft a decision may be taken not to perform ABG. In this case the missing teeth can be replaced with a variety of - restorative options, including a denture, an adhesive bridge or an implant-retained prosthesis. Bone grafting will be required for implant placement but this is better carried out when the patient is skeletally mature. - The primary objectives when performing ABG are to: /uni25CF provide adequate bony support for the adult teeth to enable subsequent orthodontic alignment; /uni25CF enable the eruption of adult teeth into the line of the dental arch; /uni25CF stabilise the premaxilla in bilateral clefts; - /uni25CF definitively close the residual alveolar cleft. The secondary objectives or associated benefits may include aesthetic improvements to the nasolabial region.

Figure 50.9 Nasal asymmetry.

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