Pdf free Craniosynostosis and rare craniofacial clefts diagnosis treatment and outcomes Copy

rare craniofacial clefts are severe deformities of the face and head that affect both bones and soft tissues clefts are formed in utero when normal development of a baby s head and neck are disrupted and parts of the face fail to fuse together creating facial and or cranial differences around one in 700 individuals are born with craniofacial clefts there are multiple genetic and environmental factors which contribute to craniofacial development within craniofacial disorders and abnormalities orofacial clefts and specifically cleft lip cl and cleft palate cp are the most common in humans craniofacial clefts include a complex and heterogenous group of deformities that affect the face causing significant functional and appearance related issues for affected patients the term rare craniofacial cleft is used to differentiate them from the more typical clefts of the lip and palate craniofacial clefts are rare occurrences with an incidence of about 1 43 to 4 85 per 100 000 live births understanding the skeletal deformity in these clefts is basic to any reconstructive surgery of the face the rarity of craniofacial clefts has made the amassing and complete anatomic documentation of extensive arrangement irksome preoperative and postoperative ct inspects with three dimensional propagations of extensive arrangements will give the reason to quantitative a surgically based classification is proposed that includes only true clefts eliminating hyperplasias hypoplasias and aplasias and classifies these rare anomalies into 1 of 4 types based on anatomic regions midline median orbital and lateral the tessier classification for rare craniofacial clefts assigns a unique number depending upon the precise anatomic location of each facial cleft from 0 to 14 clefts extending above and craniofacial clefts are diverse and variable the cause remains obscure the accumulation of rare cleft cases around the world in the 20 years since tessier presented his classification in 1973 has served to verify the accuracy of his observations but also to emphasize that the tessier axes 0 14 do not always correspond to known sites of the chapter summarizes the priorities and goals of multidisciplinary approaches commonly adopted in rare craniofacial clefts the priority of management in these atypical clefts represents the cornerstone of reconstruction given that most patients present with unique reconstructive needs the tessier classification is the current standard for identifying and reporting rare craniofacial clefts this numerically based system describes 16 different primary clefts with additional possible combinations that can significantly raise the total number of potentially describable clefts

craniofacial congenital clefts are malformations of the cranium and face with defects along the anatomic lines of fusion the estimated incidence of these clefts is about 1 4 4 9 in 1 00 000 live births the association of the number 6 7 and 8 rare craniofacial clefts is known as treacher collins syndrome tcs characterized by the absence of the zygoma tessier defines the tcs as a confluence of clefts at the maxillary zygomatic temporozygomatic and frontozygomatic regions tessier number 4 and 5 facial clefts are a rare complex and challenging craniofacial malformation the treatment requires interdisciplinary cooperation to reach better outcome tessier number 0 was the most common cleft and tessier numbers 8 13 and 30 were the rarest types the precise etiology of rare craniofacial clefts remained undetermined in this study women should be educated about the risk factors and subsequent ways of preventing from these risk factors lateral facial clefts assigned the numbers 6 7 and 8 tessier has made a number of observations about these rare craniofacial clefts based on his con siderable experience tessier number 3 and 4 clefts are rare demonstrate a wide spectrum of clinical presentation and remain challenging to gain a breadth of experience for any single surgeon purpose of review tessier number 3 and 4 clefts result from failed fusion of facial processes during embryogenesis and cause functional psychosocial and cosmetic morbidity given their rarity and heterogeneity they craniofacial clefts are extremely rare congenital malformations that have adverse functional psychosocial and aesthetic effects on patients life although the exact incidence is unclear it is estimated between 1 4 and 4 9 per 100 000 live births directed by plastic surgeons mayo clinic s cleft and craniofacial clinic on the rochester minnesota campus uses a multidisciplinary team approach in the treatment of all types of craniofacial disorders including cleft lip and palate i present a review of the pattern of rare craniofacial clefting in patients presenting to a tertiary referral craniofacial unit patients with an isolated rare cleft were uncommon most had multiple axes of disruption while cleft lip and palate are two of the most common craniofacial anomalies there are other birth defects and conditions that may affect the look or function of a child s head and face children with any head or orbital abnormality should be evaluated by a specialist such as an oral and maxillofacial surgeon oms

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around one in 700 individuals are born with craniofacial clefts there are multiple genetic and environmental factors which contribute to craniofacial development within craniofacial disorders and abnormalities orofacial clefts and specifically cleft lip cl and cleft palate cp are the most common in humans

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directed by plastic surgeons mayo clinic s cleft and craniofacial clinic on the rochester minnesota campus uses a multidisciplinary team approach in the treatment of all types of craniofacial disorders including cleft lip and palate

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