USE OF ANTHROPOMETRIC MEASUREMENT AFTER COMPLETE BILATERAL CLEFT LIP AND PALATE SURGERY

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Aim: Complete bilateral cleft lip and palate is the most severe form of orofacial clefts. Around 18% of clefting deformities (cleft lip or cleft palate) of newborn children are complete bilateral clefts. The aim of the study is evaluation of surgical outcomes after cleft reconstruction using anthropometric measurements.

Method: We performed anthropometric measurements in group of children after reconstruction for most severe clefting deformity. The lip reconstruction was performed in the first postnatal week and the palate reconstruction was performed at the age of six months. Anthropometric instruments small anthropometric caliper and cefalometr were used for measurements.

Results: Children in our sample were 3 to 6 year old. We evaluated ten facial anthropometric parameters. Special attention was paid to analyze facial and nose symmetry.

Conclusion: Evaluation of surgical outcomes after facial reconstruction is very difficult. There are various radiology methods. Computed tomography and traditional X-rays are accurate ways of measuring, but have harmful side effects of ionizing radiation. Magnetic Resonance Imaging (MRI) does not use ionizing radiation, but in small children it is necessary to use general anesthesia during MRI examination. Anthropometric measurements are easy and very cheap compared to other methods. It is also possible to compare results with control group and there are no negative side effects.