



*the Child Dental Patient with*

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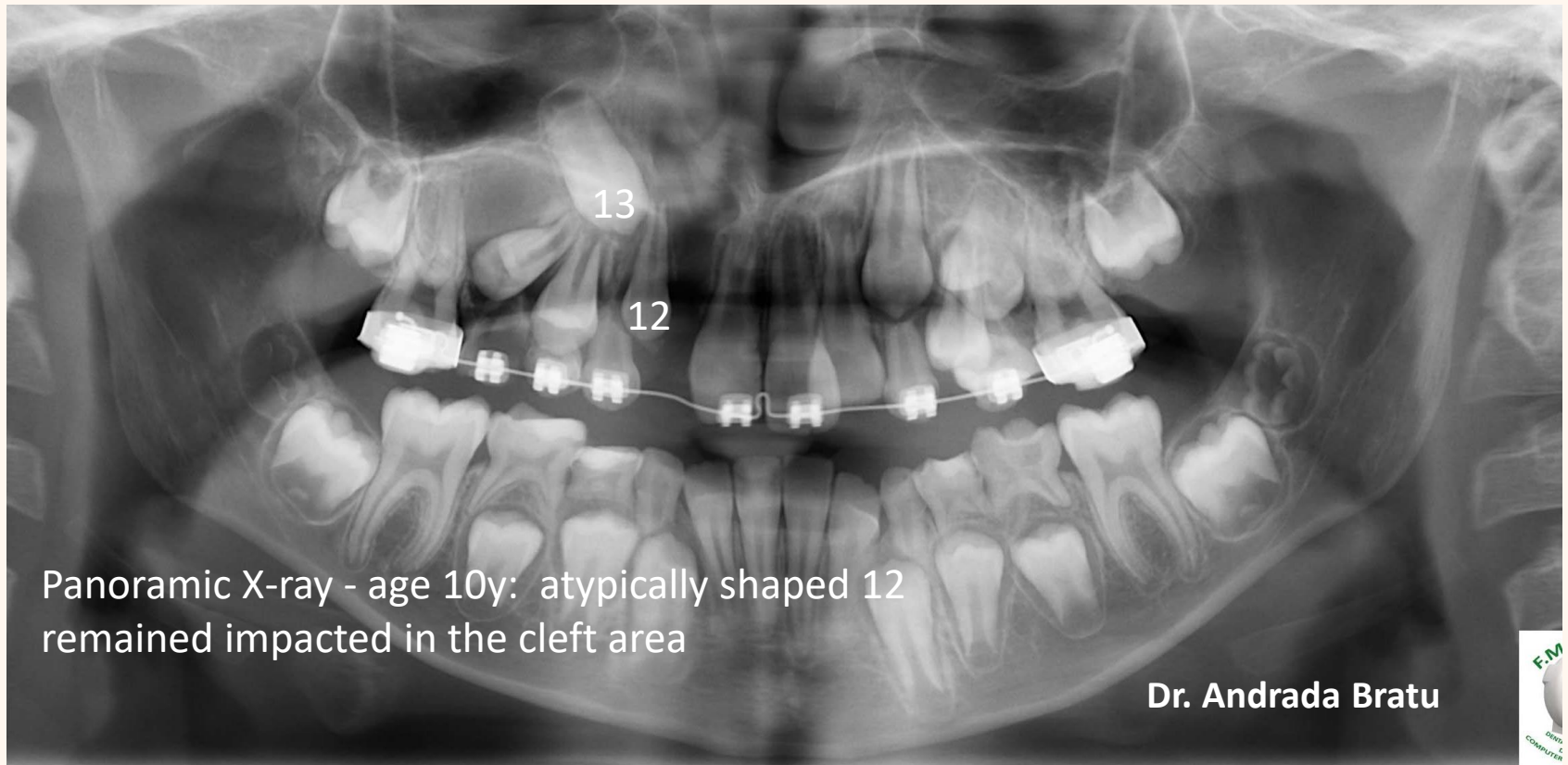
# CLEFT LIP OR/AND PALATE

*Arina Vinereanu, Andrada Bratu*



# Clinical case 1

Girl, age 10 in panoramic X-ray below.  
Dg: non-syndromic cleft lip and palate (right);  
Monitored and treated from age 5

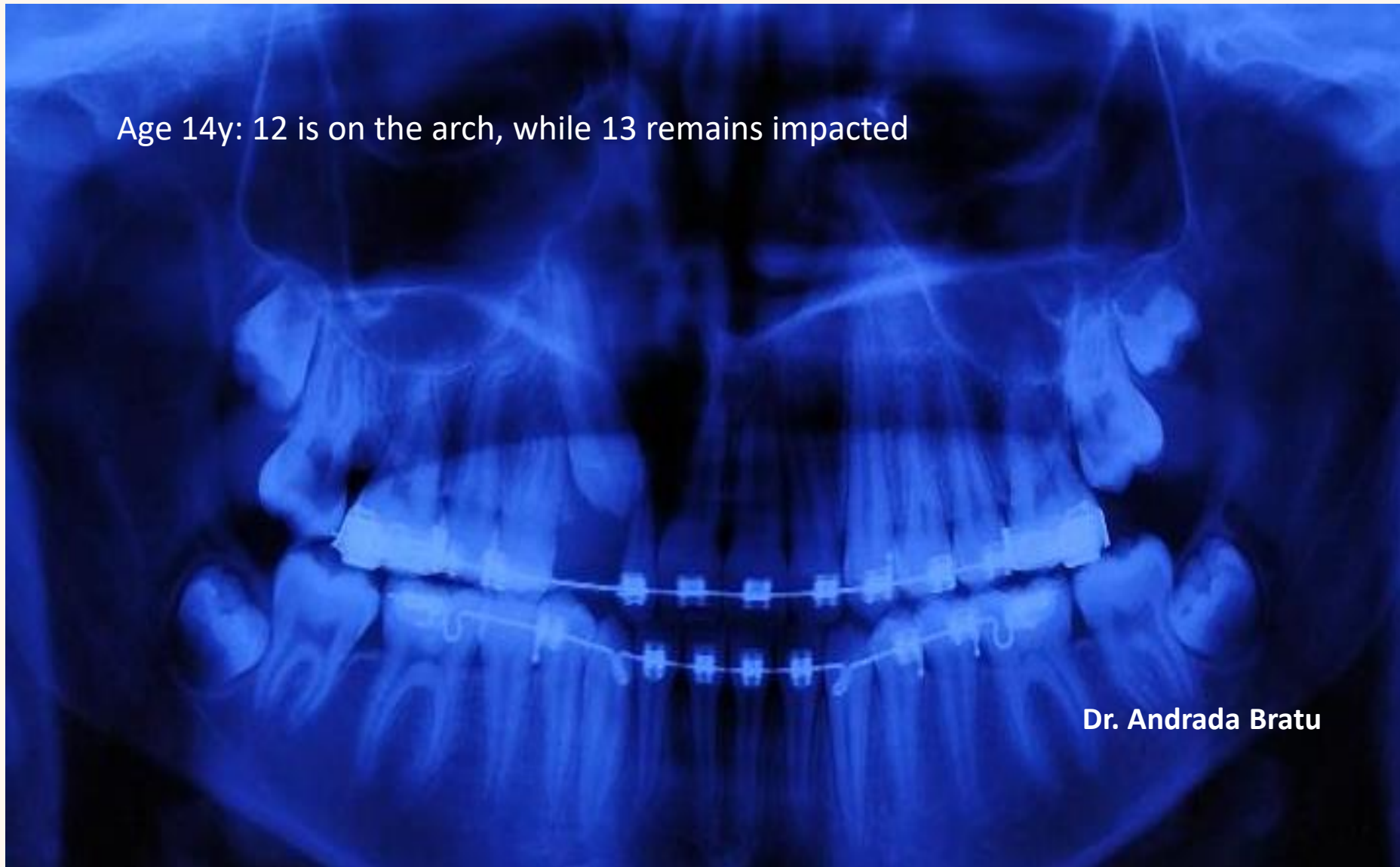


Age 12y: 12 while space is orthodontically created, 12 spontaneously progresses downwards



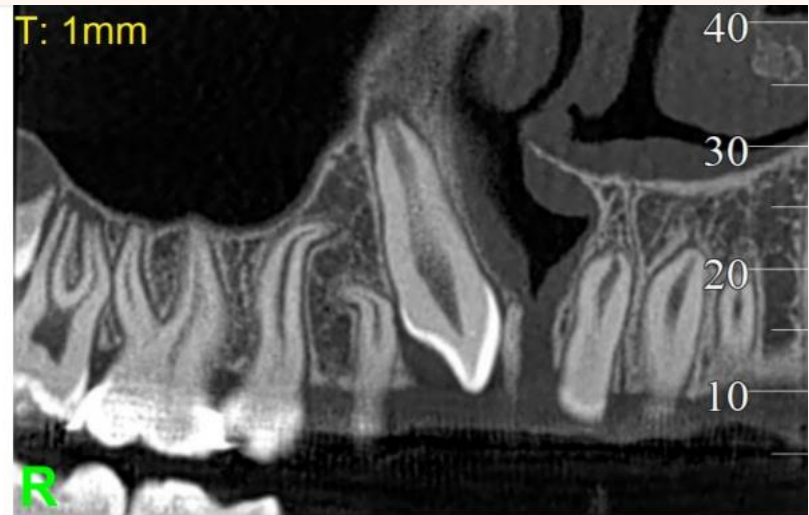
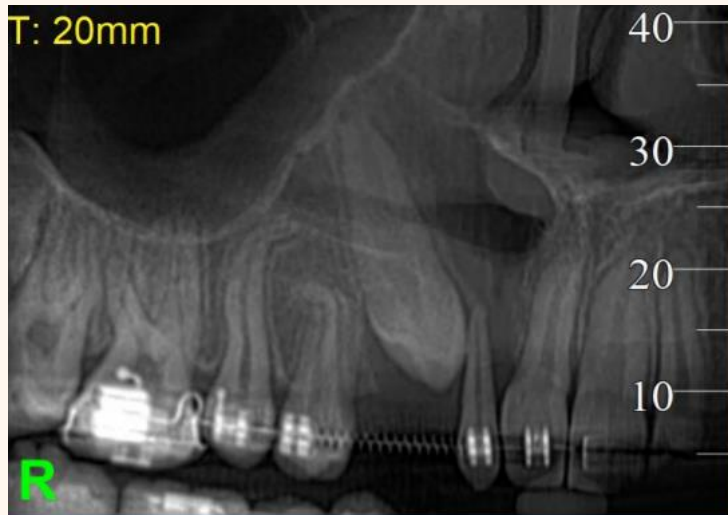
Dr. Andrada Bratu

Age 14y: 12 is on the arch, while 13 remains impacted



Dr. Andrada Bratu

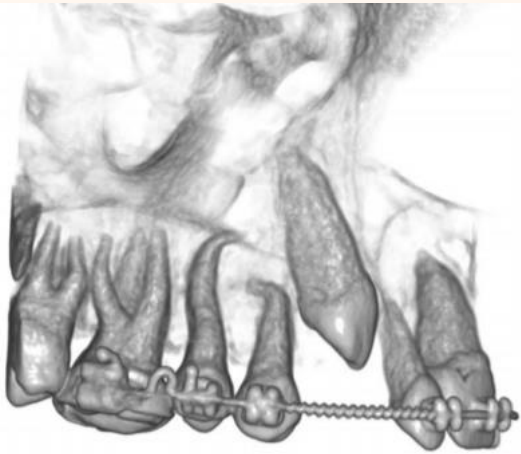




Clinical view and X-ray at age 14

**Dr. Andrada Bratu**

## 3D imaging of the cleft area (12-13) (Dr. Andrada Bratu)



R



R



R inside



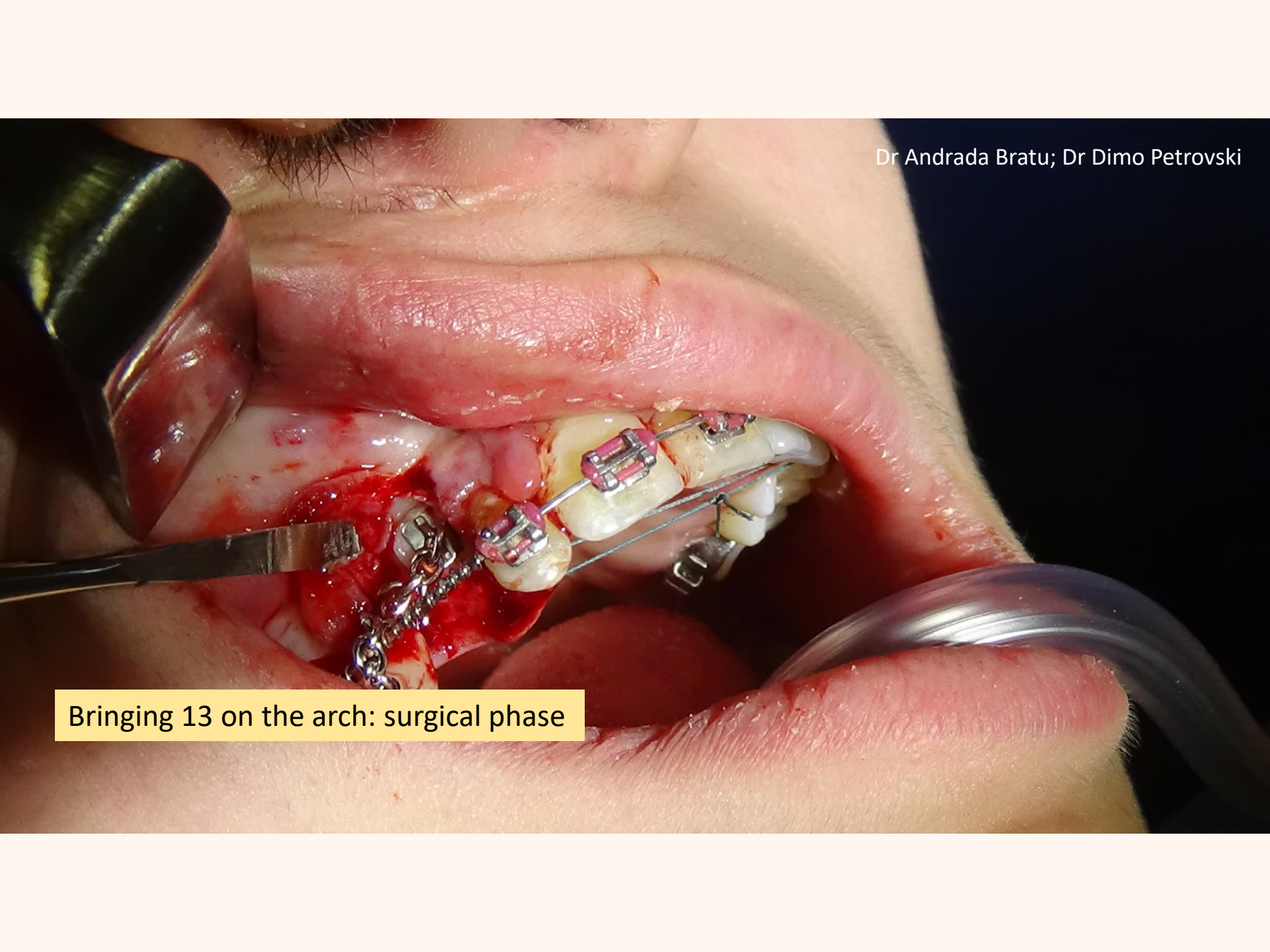
R



R



R inside



Bringing 13 on the arch: surgical phase



## Clinical case 2

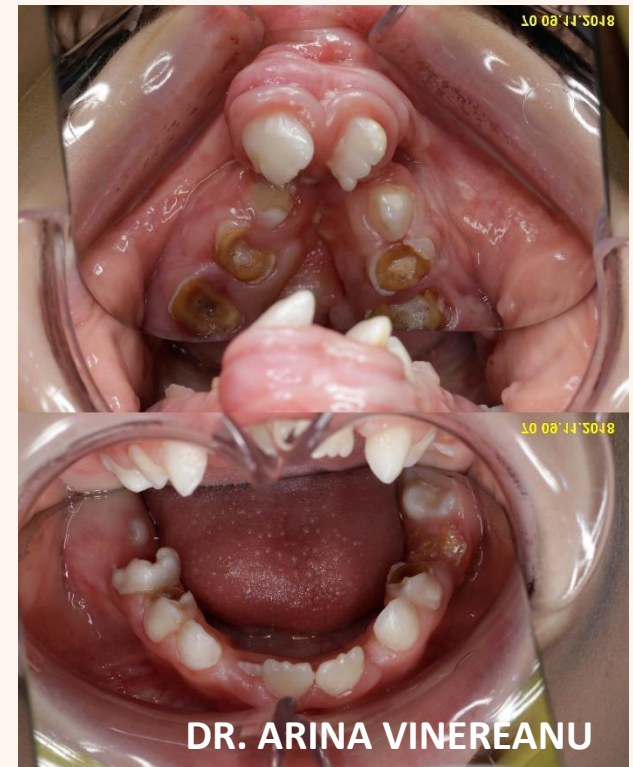
Boy, age 6 y 5 m

Craniofacial malformation: lip and palate bilateral cleft

Associated features: polydactyly thumb; mild mental retardation



Referred by  
orthodontist for  
treatment of  
severely decayed  
deciduous teeth  
under GA prior to  
surgery and  
orthodontic  
treatment





## Oral findings:

Bilateral cleft palate

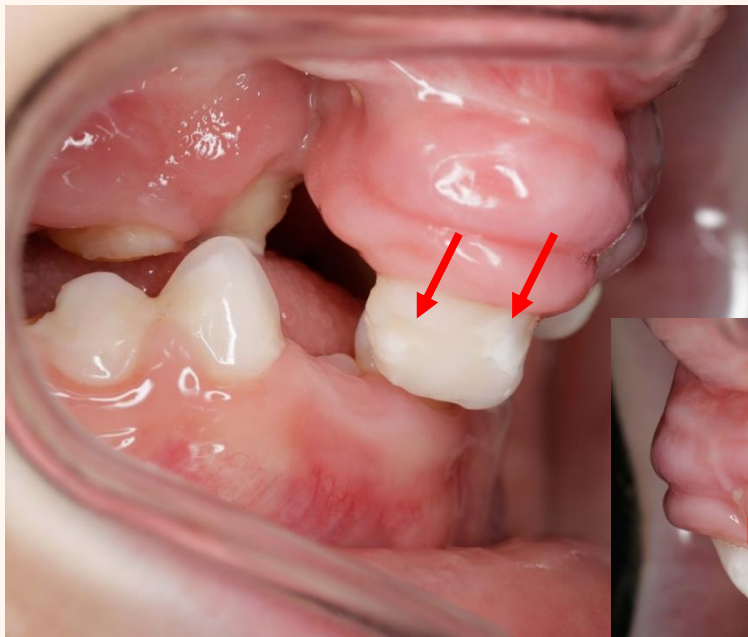
Severe crowding

Severe caries on all deciduous molars

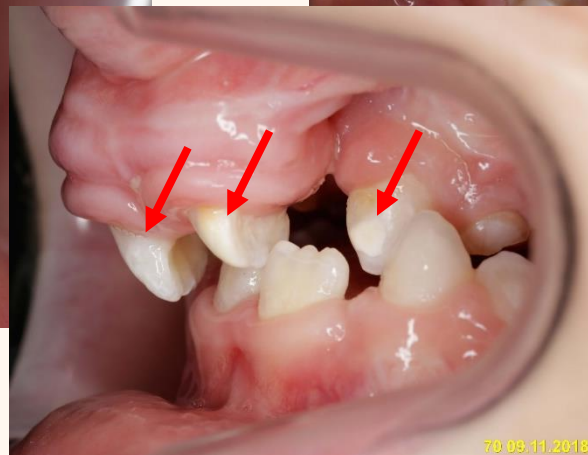
Tooth structure anomalies – enamel hypomineralization



10.08.11.2018



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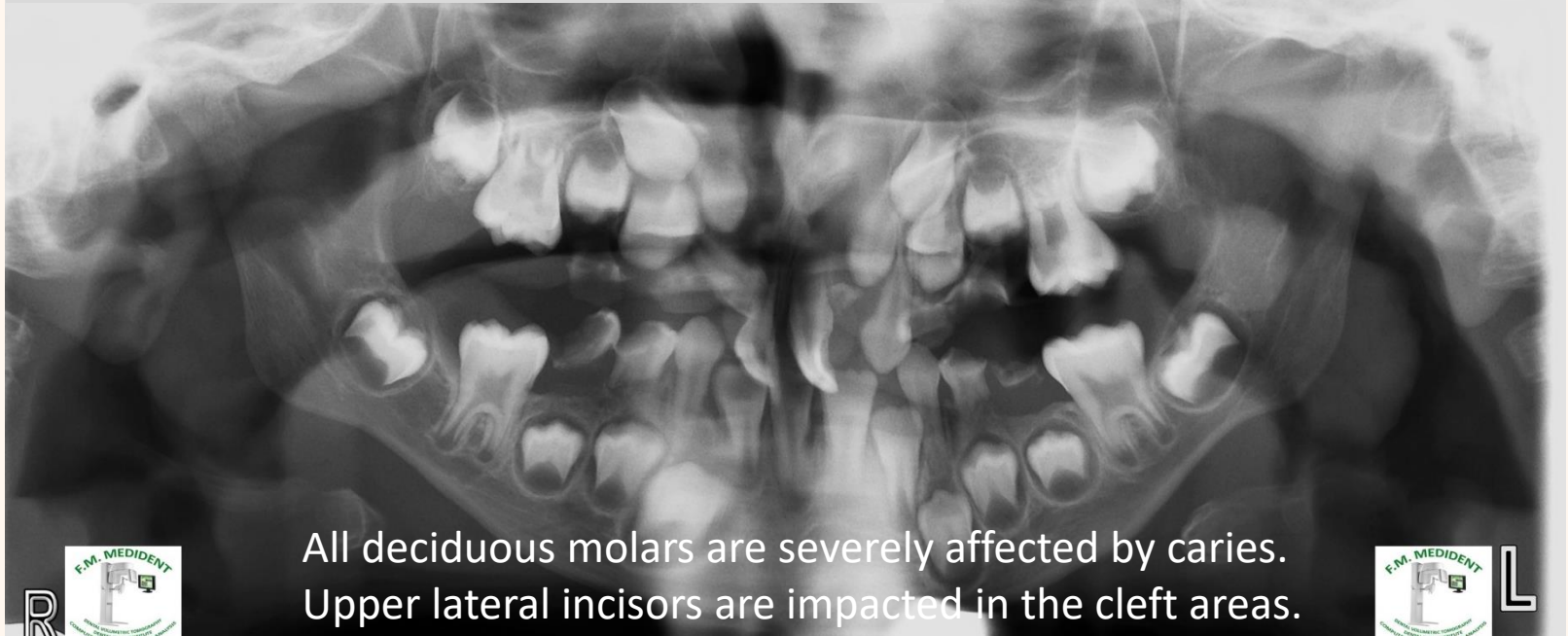
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R

L



## Panoramic x-ray before paedodontic treatment



All deciduous molars are severely affected by caries.  
Upper lateral incisors are impacted in the cleft areas.







Clinical views after paedodontic treatment, before surgery. Glass-ionomer preventive restorations and sealants were placed. Regular dental check-ups, with professional cleaning and fluoride varnish application are done every 3 m.



**DR. ARINA VINEREANU**

