DETAILS OF CLASSIFICATIONS OF CONGENITAL CLEFT LIP AND PALATE

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Abstract: The identification of asymmetric clefts of the upper lip and palate into certain groups of lesions and assessment of their frequency made it possible to present a classification of this type of defect, which expanded the understanding of the variety of anomalies of the maxillofacial region. Our proposed classification takes into account in more detail the features of the clinical manifestations of congenital cleft lip and palate and thereby more fully meets clinical requirements and international standards, which made it possible to develop new methods of surgical treatment of this pathology, as well as to build tactics for managing such patients together with other specialists.
Keywords: Congenital clefts of the upper lip and palate, asymmetric lesions, maxillofacial region, incidence, classification.

INTRODUCTION

The problem of early rehabilitation of children with clefts of the maxillofacial region has not lost its relevance to this day. This is due to the fact that this type of defect causes a complex set of anatomical and functional changes in the structures of the face and palate and at the same time negatively affects the development of the child's body.

The increasing incidence of congenital clefts (86-88% of defects) requires further in-depth analysis [1].

MAIN PART

Subsequently, when analyzing the birth of children with developmental defects of the face and palate in the period from 2008 to 2023 in the Fergana Valley, an even higher frequency of birth of such children was recorded: in the range of 0.96–1.63 per 1000 births [2]. An important role in obtaining reliable statistics was played by the discovery and work with primary sources of registration of this pathology in the structure of perinatal regional centers, where the place of birth of children prenatally diagnosed as carriers of maxillofacial defects was determined areas.

Identifying the frequency of births of children with this developmental defect is of interest from both theoretical and practical points of view for each region of the Russian Federation: it dictates organizational and technological types of assistance, provides for its own diagnostic and treatment routes, standards and clinical recommendations.

Considering that morphological and functional disorders in congenital cleft lip and palate are diverse, clinical practice requires systematization of various types of lesions in the maxillofacial area. Depending on the nature and severity of a given defect, domestic and foreign scientists have developed and proposed various types of systematization. The classifications are based on the main signs of the defect or their combination: anatomical, morphological, clinical, embryological, etiopathogenetic, surgical.

Considering that the concept of "classification" (from Latin classis - class, facere - to do) includes the division of objects into classes (groups) in accordance with certain characteristics, and also the fact that it is at the same time part of the social mechanism transfer of experience, it is necessary to understand its purpose not only for ascertaining various forms of lesions, but also for choosing tactics for further treatment [2].

This statement once again emphasizes the individuality of the choice of treatment tactics algorithm for the "significant patient" in accordance with those variants of the anatomical and functional forms of the defect of the upper lip and palate, which are predetermined by the developmental defect.

In turn, any clarification of the classification of a congenital defect of the maxillofacial area can modify the tactics and techniques for eliminating the defect and help optimize the complex of rehabilitation technologies, as well as interdisciplinary selection of specialists.

Our proposed clinical and anatomical classification of clefts of the upper lip and palate.

I. Unilateral cleft lip:

hidden (Fig. 1a); partial; complete.

Fig. 1. Hidden cleft lip

II. Bilateral cleft lip: hidden; partial (symmetrical, asymmetrical); full (symmetrical, asymmetrical).

III. One-sided cleft of the upper lip and alveolar process: partial; complete.

IV. Bilateral cleft of the upper lip and alveolar process: partial (symmetrical, asymmetrical); full (symmetrical, asymmetrical).

V. Unilateral complete cleft of the upper lip and palate: without asymmetry of the soft palate and uvulas, with asymmetry of the soft palate and uvulas.

VI. Bilateral complete cleft lip and palate: without asymmetry of the soft palate and uvula; with asymmetry of the soft palate and uvula.

CONCLUSION

The classification of asymmetric clefts of the upper lip and palate into separate groups of lesions made it possible to clarify the classification of this type of defect, which expanded the understanding of the diversity of severity of anomalies in the maxillofacial region. A refined classification of congenital clefts of the upper lip and palate with identification of asymmetric types of lesions will contribute to the development of innovative technologies that rationally correct the pathological complex “lip-nose-palate”.

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