



## Frequency and socio-psychological impact of taunting in school-age patients with cleft lip-palate surgical repair



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### ABSTRACT

**Objectives:** Cleft lip-palate (CLP) is a “social” pathology because of its impact on the child’s facial appearance and speech.

School is the first place where children are confronted to others and when they start socializing. Taunting and bullying are common and their psychological impact remains hard to assess.

The aim of this study was to evaluate the importance of taunting in school and its impact in CLP patients who had surgical repair.

**Methods:** We conducted a multicenter prospective study where we consecutively included patients  $\geq 12$  years who had CLP repair. During a multidisciplinary consultation they were asked to complete a questionnaire (3 parts: surgical outcomes, taunting and its impact, socio-economic status) previously approved by our psychologists.

**Results:** 55 patients were included (37 B, 18 G) (mean age 15.5 years): 11 CL, 13 CP and 31 CLP.

69% of patients reported having suffered from taunting and peer victimization in school. In 84% of the cases, taunting was linked to the CLP defect itself. The teasing started in primary school to reach a peak of aggressiveness in middle school. 42% of patients reported that bullying occurred at least once a day (16/38).

Regarding the psychological impact of taunting, 50% of patients reported sadness, 31% depression and 26.3% were marked for life. At one time or another 29% of patients did not want to attend school because of the teasing.

The grade retention rate amounted to 37.7% (20/53), and 2 patients were in special education classes. As a matter of fact, 50% of these children repeated their 1st or 2nd year of primary school.

Furthermore, 47% of patients wanted to change something to their face, but 63% of them never spoke to their surgeon about additional surgeries even though they were teased in school.

**Conclusions:** Taunting is common in children with CLP. This study highlights the high frequency and impact of taunting on the daily lives and self-perception of patients with CLP or CLP repair. It is important for healthcare professionals to be aware of this issue in the context of a multidisciplinary approach.

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## 1. Introduction

Cleft lip and cleft palate (CLP) are the most frequent congenital craniofacial malformations. Their prevalence is estimated at 7.94 for 10,000 live births [1,2].

This facial pathology, is part of the so-called “social” pathologies. Through voice and mimics, the face is a real actor in verbal and non-verbal communication. Like our hands, our face is permanently interacting with those around us.

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The goal of all surgeons operating on CLP is to render the scar as discreet as possible [3–5]. It is often associated with lip asymmetry (more or less pronounced), alveolar ridge defect or speech disorders when patients were also operated for cleft palate. These surgical outcomes, even when minimal in the best cases, do remain visible for the children and their family.

For children, school is the first place where they interact with others, outside of their family environment. Schooling is an important part of the social integration process and is a landmark in the life of our patients and their parents. Proper integration helps accepting the pathology [6]. However, taunting at school is frequent and can aggravate the negative self-perception that patients have of themselves [7,8]. In fact, when together children are sincere but can also be quite cruel and school is where differences are highlighted. Taunting is often directed at the physical appearance and can have psychological consequences: refusing to go to school, school failure and in the worst cases, suicide [9].

The objective of this study was to evaluate the importance of taunting in school and its impact on patients with cleft lip/palate repair.

## 2. Material and method

We conducted a prospective, multicenter study (three centers).

During 3 months we consecutively included patients  $\geq 12$  years who underwent CL/P repair. These patients were included after we collected their signed informed consent (adult patients or parents when the patients were children  $< 18$ ).

We asked the advice of the Institutional Ethics Review Board. Patients were informed of the progress and objectives of the study. Their informed consent form to participate in the study was collected.

A questionnaire previously approved by our psychologists was handed out to patients during the multidisciplinary consultation.

The questionnaire included three parts, the first one filled out by the surgeon and the 2nd and 3rd parts filled out by the patient (Fig. 1):

- *Surgical*: age and sex of the patient, type of cleft, associated pathologies (syndromic types), other medical history, family history of clefts, surgical agenda, surgical technique used and satisfaction with the appearance of operated patients.
- *Taunting analysis and psychological impact*: incidence of school taunting, type of taunting, grade retention rate, reasons for the grade retention, psychological impact of taunting (sadness, depression, refusing to go to school), outside help when applicable (psychologist, parents, teachers, others).
- *Socio-economics*: profession of the parents, profession of the patients who finished school.

We decided not to send the questionnaires by post, even if this decreased the number of patients recruited, in order to directly answer their questions during a multidisciplinary consultation with a psychologist.

Statistical analyses were conducted with a Student-*t* test or ANOVA and  $p < 0.05$  was significant.

## 3. Results

Overall, 55 patients (37 boys and 18 girls) were included: 31 with cleft lip-palate (CL/P), 11 with cleft lip (CL) and 13 with cleft palate (CP). Mean age 15.5 years (Range: 12–29 years).

### 3.1. Clinical types

3 cases presented with Pierre Robin sequence and 4 children had syndromic CL/P:

- Loays Dietz syndrome (cleft lip/palate, cardiopathy, hypertelorism, craniosynostosis, brain defects, mental retardation, retrognathia, joint hyperlaxity, arterial aneurism).
- Craniofrontonasal syndrome (frontonasal dysplasia, cleft lip-palate, multiple facial abnormalities, neurosensory deafness, skeletal malformations).
- Klippel-Feil syndrome (fusion of cervical vertebrae, cleft palate, scoliosis, cardiac malformation, kidney defects).
- A non-identified syndromic type (cleft palate, facial dysmorphism, psychomotor delay).

The mean age of patients at the time of primary cheiloplasty was 4.5 months (*R*: 15 days–11 months).

The mean age of patients at the time of primary palate surgery was 11.5 months (*R*: 3 months–16 months).

### 3.2. Satisfaction of operated patients regarding their facial appearance

In our study, 31/55 (57%) of patients found their face beautiful. 26/55 patients wanted to change something to their face, including 10 patients who found their face beautiful but still wanted to change something. Among the 26 patients who wanted to change something to their face, 17 did not like their nose and 17 did not like their lip. 24 patients out of the 26 who wanted to change something to their face, deemed that surgery could help them. Among those asking for further surgery, 9 patients wanted a rhinoplasty, 6 wanted lip revision surgery and 9 wanted both procedures (nose and lip).

These results regarding wanting surgery for the nose and/or lip underline that cleft patients often view their cleft as affecting both the nose and lip, even though it the surgery might have concerned the lip only (Figs. 2–4; Table 1).

There was no significant difference in patient's satisfaction with their appearance between patients who were taunted in school and those who were not.

### 3.3. Taunting

The frequency rate of taunting in school was 69% (38/55) regardless of the type of cleft: 77% (24/31) for CLP, 72% (8/11) for CL, and 46% (6/13) for CP.

We did not unveil a significant difference between the different cleft types. For patients with CL or CLP, the taunting was mostly directed at the nose for 22/32 patients (69%), and scar for 11/32 patients (34%).

Out of the 55 patients, 3 reported that taunting concerned exclusively their voice (CP). Furthermore, six patients were taunted for their voice but also for their facial appearance, nose, mouth or scar (5 CLF, 1 CP).

When asked about the frequency of taunting, our patients gave the following answers:

**Table 1**

Correlation between the satisfaction of operated patients in regards to their facial appearance and taunting.

Taunting	CL (n = 11)		CLP (n = 31)		CP (n = 13)	
	Yes	No	Yes	No	Yes	No
	8/11	3/11	24/31	7/31	6/13	7/13
Found their beautiful face	2/8	2/3	14/24	4/7	4/6	2/7
Want to change something in their face	6/8	1/3	17/24	1/7	1/6	0/7
Think that surgery would help	6/8	1/3	16/24	1/7	1/6	0/7
Surgery required by surgeon	3/8	1/3	12/24	3/7	2/6	0/7

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