



# Boletín Médico del Hospital Infantil de México

[www.elsevier.es/bmhim](http://www.elsevier.es/bmhim)



## RESEARCH ARTICLE

# Clinical-epidemiological study in children with cleft lip palate in a secondary-level hospital<sup>☆</sup>



Alicia Pons-Bonals<sup>a,\*</sup>, Leticia Pons-Bonals<sup>b</sup>, Sandra Margarita Hidalgo-Martínez<sup>c</sup>,  
Carlos Francisco Sosa-Ferreira<sup>c</sup>

<sup>a</sup> Facultad de Odontología, Universidad Latina de México, Celaya, Guanajuato, Mexico

<sup>b</sup> Facultad de Humanidades, Universidad Autónoma de Chiapas, Tuxtla Gutiérrez, Chiapas, Mexico

<sup>c</sup> Facultad de Medicina, Universidad Autónoma de Querétaro, Querétaro, Mexico

Received 20 May 2016; accepted 10 November 2016

Available online 8 December 2017

### KEYWORDS

Cleft lip palate;  
Cleft Palate;  
Cleft lip;  
Clinical-  
epidemiological  
study

### Abstract

**Background:** One of the most common congenital disorders that affect the face structures is the cleft lip palate (CLP). The aim of this study was to obtain the clinical-epidemiological profile of CLP patients from Hospital de Especialidades del Niño y la Mujer (HENM) Dr. Felipe Nuñez Lara, at Queretaro, Mexico, from 2011 to 2014. To provide interdisciplinary treatments for CLP patients based on the information from the pediatric records registered in that period.

**Methods:** Retrospective, cross-sectional, observational study using univariate analysis frequencies for qualitative variables; central statistical and dispersion for quantitative variables and clinical profile. One hundred records were reviewed, from which 15 were excluded for being syndromic cases. Epidemiological, clinical, and socio-demographic variables were studied.

**Results:** The epidemiological profile (variables associated with pregnancy, patient's health at birth, nutritional and psychomotor development, family medical records, and socioeconomic factors) and the clinical profile (disease classified by sex, structure, and affected side, surgeries classified and order in which they took place) of the treated population are presented.

**Conclusions:** The results showed the need to standardize data registration on medical records for improved monitoring and treatment of patients and emphasize actions to maintain a low incidence of CLP in Queretaro.

© 2017 Hospital Infantil de México Federico Gómez. Published by Masson Doyma México S.A. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

<sup>☆</sup> Please cite this article as: Pons-Bonals A, Pons-Bonals L, Hidalgo-Martínez SM, Sosa-Ferreira CF. Estudio clínico-epidemiológico en niños con labio paladar hendido en un hospital de segundo nivel. Bol Med Hosp Infant Mex. 2017;74:107–121.

\* Corresponding author.

E-mail address: [ponsglez@hotmail.com](mailto:ponsglez@hotmail.com) (A. Pons-Bonals).

**PALABRAS CLAVE**

Labio paladar  
hendido;  
Paladar hendido;  
Labio fisurado;  
Estudio clínico-  
epidemiológico

**Estudio clínico-epidemiológico en niños con labio paladar hendido en un hospital de segundo nivel****Resumen**

**Introducción:** El padecimiento de labio paladar hendido (LPH) es una de las alteraciones congénitas más comunes que afecta las estructuras de la cara. El objetivo de este trabajo fue generar el perfil epidemiológico y clínico de la población con LPH atendida en el Hospital de Especialidades del Niño y la Mujer (HENM) "Dr. Felipe Núñez Lara", de la Secretaría de Salud del estado de Querétaro, México, en el periodo de 2011-2014, a través de la Clínica de Labio Paladar Hendido, para brindar tratamientos interdisciplinarios a los pacientes con esta afección con base en la información de los expedientes registrados en el periodo mencionado.

**Metodología:** Estudio observacional, transversal, retrospectivo usando análisis univariado con frecuencias para variables cualitativas; estadísticas centrales y de dispersión para variables cuantitativas y perfil clínico. Se revisaron 100 expedientes, descartándose 15 por ser de casos sindrómicos. Las variables estudiadas fueron: socio-demográficas, epidemiológicas, y clínicas.

**Resultados:** Se presentan los perfiles epidemiológicos (variables relativas al embarazo de la madre y salud del paciente al momento de su nacimiento, desarrollo nutricional y psicomotor; antecedentes heredo-familiares y presencia de adicciones; datos socio-económicos familiares) y clínicos (clasificación del padecimiento por sexo, estructura y lado de afectación; clasificación de las cirugías y orden en que se efectuó el procedimiento) de la población considerada.

**Conclusiones:** Los resultados del estudio muestran la necesidad de estandarizar el registro de datos en expedientes para mejorar el seguimiento y tratamiento de los pacientes y enfatizar en acciones preventivas que permitan mantener la baja incidencia del LPH en Querétaro.

© 2017 Hospital Infantil de México Federico Gómez. Publicado por Masson Doyma México S.A. Este es un artículo Open Access bajo la licencia CC BY-NC-ND (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

**1. Introduction**

Cleft lip palate (CLP) is among the most common congenital disorders affecting structures of the face.<sup>1</sup> It can involve both soft and bony tissues, from the lip area to fissures that communicate the oral cavity with the nasal cavity, and affect the ear and eyes. In the case of palatine fissures, the patient presents with feeding and breathing difficulties, phonatory problems, lack of development of the alveolar processes, dental problems of form, number and eruption that affect not only the infant's teeth but also compromise the adult's teeth.

There are different classifications in the literature to designate the disease: when referring to the involved structures in development, it is classified as complete palatine cleft with lip involvement, cleft in the anterior palate (only limited to the anterior fossa) where the lip may be involved, cleft palate on the back (behind the pit) and submucous cleft, including a fissured uvula.<sup>2</sup> There is another designation frequently used in surgical procedures to identify bone defects called the "Y" of Kernahan, which forms three zones. In these areas, the union is the origin

of the primary palate, upper areas represent the right and left sides, and the bottom corresponds to the palate.<sup>3</sup> Another way to classify CLP is using the exposed anatomy: by compromising the lip (CL), it is named unilateral (right or left) or bilateral; incomplete or complete if it involves nasal tissues (cleft lip and lip fissure); cleft palate (CP) complete or incomplete (one - third or two - thirds) or CLP when the condition involves palate and lip, and unilateral or bilateral cleft alveolus palatal lip.<sup>4</sup>

Patients need to receive immediate attention and integrated treatments (IT) to survive because, from the moment they are born, they are exposed to different health and infectious complications that other children their age would not present.<sup>5-7</sup> Therefore, it is important to decrease and prevent oral and systemic diseases, as well as the formation and development of dental arches to produce an occlusion that achieves the good function of the stomatognathic apparatus. Another problem faced by both the patient and his parents throughout their lives is social integration.

Internationally, the daily intake of folic acid in doses of 400 mg/day, especially three months before pregnancy until the twelfth week of gestation was established as a

Download English Version:

<https://daneshyari.com/en/article/8922802>

Download Persian Version:

<https://daneshyari.com/article/8922802>

[Daneshyari.com](https://daneshyari.com)