



“Proposed Classification for the Palatal Perforation” (Dr. Santosh Patil Classification)

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Opinion

The palate is an integral part of the oral cavity constituting various tissue types that give rise to different types of pathological conditions. Palatal perforation can be defined as a communication between the nasal cavities and the oral cavity. Palatal perforation is a rare condition encountered in the routine dental practice. It is well understood that the palatal perforation can pose a difficult diagnostic dilemma for the clinician. The perforation may present with the common characteristics and may be indistinguishable clinically. Emphasis is placed on the importance of obtaining a thorough and comprehensive history and collecting relevant laboratory information. Palatal perforation may be known to arise secondary congenital or acquired causes. During the sixth week of prenatal period palatal shelves may fail to fuse leading to cleft palate [1]. Acquired palatal perforations may be seen due to trauma, infectious disease, granulomatous disease, drug abuse, collagen vascular diseases and neoplastic conditions. Adenoid cystic carcinoma is reported to cause palatal perforation in many cases [2]. Tumors from maxillary sinus or nasal cavity may extend to palate leading to its perforation [3,4]. Although these neoplasms usually form a mass, but in advance cases perforation of palate may occur in course of disease or following treatment [5,6]. Various cases of palatal perforation due to narcotics abuse are reported in literature [7-9] (Table 1). Surgical procedures such as maxillectomy, septoplasty or intubation may lead to palatal perforation [10,11]. Till date there is no classification given for the palatal perforation, classification of disease makes it easier to study and understand which helps in timely diagnosis leading to the best prognosis for the patient. With this objective the following

classification based on the etiological conditions has been proposed after a brief review of various causative factors for palatal perforations existing literature.

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Developmental	Cleft palate (Secondary to maternal alcohol consumption and cigarette smoking, folic acid deficiency, teratogenic drugs, viral infection, corticosteroid use and anticonvulsant therapy)
Drug related	Narcotics (cocaine, heroin etc.,)
Trauma	Iatrogenic, Thermal
Infection	Tertiary Syphilis, Tuberculosis, Leprosy, Typhoid, Mucormycosis, Actinomycosis, Aspergillosis, Paracoccidioidomycosis, Histoplasmosis, Naso-Oral Blastomycosis, Leishmaniasis, Diphtheria, Rhinoscleroderma
Neoplasia	Lymphoma, Carcinoma, Melanoma, Acute Lymphoblastic Leukemia
Collagen vascular disease	Wegener's granulomatosis, Systemic lupus erythematosus
Idiopathic	Midline lethal granuloma
Granulomatous disease	Sarcoidosis, Crohns's disease
Other	Rhinoliths

Table 1: Proposed classification proposed for the palatal perforation.

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