Journal of
Oral Hygiene and Health

Rask K, J Oral Hyg Health 2021, 9:S3

Short Communication Open Access

Importance of the Treatment of Lip and Palate Cleft Patients, Especially During the Pandemic of COVID-19

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Abstract

Because of the difficulty of correctly administering suction, cleft lip and palate patients have trouble breastfeeding. Under this background, due to low weight gain, the growth of the infant is typically compromised. Treatment for cleft lip and palate patients is surgery that is done on a com-monthly basis in the sixth month of life. The occurrence of cleft lip and cleft palate can differ according to race, ethnicity, geographical origin and socio-economic status. At the beginning of the 20th century, international oral cleft incidence was measured by the World Health Organization at 1 in 750 live births each year.

Keywords: Oral care; General safety; Cleft lip

Introduction

Because of the difficulty of correctly administering suction, cleft lip and palate patients have trouble breastfeeding. Under this background, due to low weight gain, the growth of the infant is typically compromised. Treatment for cleft lip and palate patients is surgery that is done on a co-monthly basis in the sixth month of life [1]. The occurrence of cleft lip and cleft palate can differ according to race, ethnicity, geographical origin and socio-economic status. At the beginning of the 20th century, international oral cleft incidence was measured by the World Health Organization at 1 in 750 live births each year. This occurrence in the United States is roughly 1 per 900 live births, which is low compared to 1 in 600 live births in developed countries. Genetic and environmental factors are a consequence of the abnormal development. Infants can also develop congenital oro-facial defects due to maternal folic acid deficiency and exposure to some drugs, nicotine, substance use, and alcohol [2-4]. The Nasoalveolar Molding (NAM) system is important during the waiting period before the surgery for fa-cilitating suction, reducing nasal return and, in particular, improving the quality of nutrition for newborns. The temporary plasticity of nasal cartilage in the neonatal period is another advantage of NAM. This is possibly due to the elevated levels in the foetal circulation of maternal estrogen that causes an increase in hyaluronic acid. The combination of orthopedic moulding (naso-alveolar moulding) of nasal and alveolar presurgical infants has resulted in long-term benefits for these patients and in medical economics. In addition, the use of NAM is an advantage of conventional intraoral presurgical orthopedics, such as growth guidance, palatal segment development, minimization of later care, and normalisation of the location of the tongue, resulting in improved speech and a positive psychological impact on parents [5]. The NAM is a device approved for cleft lip and palate patients up to one month of age. It is a non-surgical form of remodeling before primary surgery the gingiva (alveolar ridge), lips and nostrils. The service given at the Federal University of Minas Gerais (UFMG) has NAM care as a regimen starting at 2 weeks of birth, including supervision for all families by a multidisciplinary team. The global pandemic of COVID-19 caused by SARS-CoV-2 has affected the early care of cleft lip and palate patients. The treatment of cleft lip and palate patients remains a priority because it has an effect on the survival of these patients. This care is indispensable for each patient, considering the pandemic, and requires customized treatment plans. The treatment of lip and palate cleft patients, except in times of pandemic, and cannot be disrupted. Phone pre-screening, which can uncover symptoms likely associated with COVID-19 and justify postponing in-person consultation, is therefore recommended [6]. If such consultation is considered safe, general safety precautions should include the measurement of the body temperature of the patient, the practise of frequent hand hygiene, the disinfection of instruments and clinical surfaces, and the use of personal protective equipment consisting of masks, disposable medical aprons, gloves, glasses and face shields (i.e., N95 or FFP2). In oral care, droplet and aerosol-generating procedures should be avoided before, during and after treatment.

Discussion and Conclusion

The risk of postponement of the surgical operation must be balanced by craniofacial surgeons with the risk of exposure to the child and healthcare workers and the risk of developmental delay in delaying the procedure during the outbreak of COVID-19. Guidance for craniofacial surgeons is offered by the CMS guidelines and state-specific guidelines, but the time-sensitive nature of certain paediatric craniofacial procedures must be considered.

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Received: January 04, 2021; **Accepted:** January 19, 2021; **Published:** January 26, 2021

Citation: Rask K (2021) Importance of the Treatment of Lip and Palate Cleft Patients, Especially During the Pandemic of COVID-19. J Oral Hyg Health 9: S3:004.