



“What’s wrong with my son’s lip?”

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David, two-years-old, was born with an upper lip and nose deformity (Figure 1). He underwent one surgery (at seven-months-of-age) and is currently waiting for a second one.

Jeff, David’s six-year-old cousin, was also born with a similar upper lip deformity. At the age of three, Jeff underwent lip surgery, which was successful in restoring the appearance of a normal lip. He is now doing very well (Figure 2).

History

David and Jeff’s medical, family history and physical examination were both unremarkable, aside from this common birth defect.

What’s your diagnosis?

- a) Complete Treacher Collins syndrome
- b) Cleft lip
- c) Incomplete Treacher Collins syndrome
- d) Hare lip



Figure 1. David’s lip deformity.

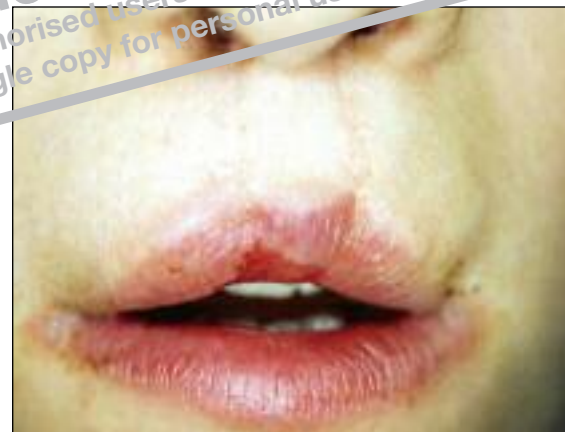


Figure 2. Jeff after lip surgery at age six.

This condition occurs in one in 700 live births. Occasionally, it is a genetic defect, but often it is spontaneous and the child will have no family history of the defect.

*Answer: B or D
Cleft or hare lip*

Cleft/hare lip

The cleft lip/palate birth defect occurs in one in 700 live births. Occasionally, it is a genetic defect, but often it is spontaneous and the child will have no family history of the defect. The upper lip is most commonly affected.

The cleft lip/palate is a congenital deformity consisting of a fissure, which divides the lip perpendicularly. Sometimes there are two fissures; the former is a single, the latter is a double hare lip. At times, the affection exhibits a single slit, at other times, it exhibits two slits with a lobe or flap between the fissure. In other cases, the fissure extends along the roof of the mouth and the soft and hard palate are separated.

Generally, the lip on both sides of the fissure is adherent to the alveolus.

Cleft lip/nasal deformity is a complex anomaly and proper correction requires considerable surgical talent and experience.

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Presentation

The clinical presentation of cleft lip varies widely:

- The deformity may be quite severely asymmetric
- Presenting features may include:
 - Septal deflections
 - Atretic nostrils
 - Turbinate hypertrophy
 - Cleft lips and palates

Patients with cleft lip may have significant scar tissue from previous surgical interventions.

Management

Cleft lip/nasal deformity is a complex anomaly and proper correction requires considerable surgical talent and experience. Surgeons must tailor their approaches to individuals and evolve their techniques to best serve each patient. No perfect surgical technique exists.

Children who benefit from good surgical repair have a chance to mature with fewer psychological sequelae from this deformity.

Surgical intervention for a cleft lip/nasal deformity may be contraindicated in certain conditions. No absolute age minimum exists for nasal reconstruction. However, nasal surgery should be elected after five-years-of-age to permit for sufficient physical and psychological maturation before surgery is undertaken. 