

Bone Grafting on the Alveolar Cleft in Orthodontic Management of Patients with Cleft lip and Palate

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Traumatic surgery have a long-term inhibiting effect upon the subsequent growth of the maxillary complex. Primary bone grafting was done with the purpose that the continuity of maxillary alveolar bones might give cleft-children the maxillary growth such as seen in non-cleft children, but the maxillary complex resulted in poor postoperative growth.

Secondary bone grafting was done with a new purpose, the non-prosthetic treatment on the children with cleft lip and palate it includes the following purposes:

- (1) To achieve non-prosthetic rehabilitation by active orthodontic movement of the teeth adjacent to the cleft site or giving functional bony tissue in the alveolar cleft into which adjacent tooth could erupt spontaneously.
- (2) To stabilize the maxillary expanded-segments following orthodontic treatment.
- (3) To close oro-nasal fistulas.
- (4) To recover nasal asymmetry in unilateral cleft cases.
- (5) To improve the vestibular soft tissue relationship.

In this presentation, clinical experiences and evaluations regarding bone grafting in orthodontic management of the patients with cleft lip and palate will be demonstrated.