

## **Approaches to Occlusal Reconstruction of Cleft Lip and/or Palate Patients after Secondary Bone Grafting**

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Cleft lip and/or palate are congenital craniofacial malformations that may include a myriad of etiologic factors as well as complications. Most children with a cleft of the alveolus and palate at the mixed dentition period show a deficiency of soft tissues, insufficient bone support, malformation and missing of teeth adjacent to the cleft, and deficient maxillary growth in sagittal transverse and vertical dimensions. The treatment goal, therefore, addresses both function and aesthetics improvement of the dentofacial structures of the patients. In these decades, secondary bone grafting (SBG) into alveolar clefts has been recognized worldwide as an effective treatment modality to stabilize the maxillary alveolar bone segments and provide continuity of the dental arch. Once SBG is successfully taken place, three treatment options that enable the replacement for any missing teeth in the area of the graft may be proposed 1) eruption or orthodontic movement of the adjacent tooth, 2) prosthetic replacement (dental bridge), and 3) implant insertion into the newly formed bone. The best treatment modality to achieve the desirable occlusion will be decided in each individual case on the basis of informed consent.

This presentation will provide an overview of the occlusal reconstruction of the patients with alveolar cleft with special emphasis on SBG and orthodontic management.

### **References**

1. Cleft Palate Craniofac J. 40(6): 569-576 (2003)
2. Cleft Palate Craniofac J. 41(3): 279-284 (2004)

## CURRICULUM VITAE

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### EXPERIENCE

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