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Congenital Palatal Fistula Associated with Submucous Cleft Palate – Case Report

Rolando Dedieu Gonzalez*

Consultant Oral and Maxillofacial Surgeon, Health Care Agency, Victoria Hospital, Mahe, Seychelles

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***Corresponding Author:** Dr. Rolando Dedieu Gonzalez, Consultant Oral and Maxillofacial Surgeon, Health Care Agency, Victoria Hospital, Mahe, Seychelles.

Abstract

Two months old baby girl is presented with congenital palatal fistula associated with submucous cleft palate. At one year old, underwent Modified Von -Langenbeck palatoplasty with intravelar veloplasty. Speech therapy started at one month postoperative with optimal results. Four year follow up shows good fistula closure and palate length with no speech impairment.

Introduction

Unlike Cleft Lip and Palate, Congenital Palatal Fistula is a rare entity which can be isolated or associated with submucous cleft palate. It's etiology, diagnosis and treatment is controversial.

Method

One case of Congenital Palatal Fistula with submucous cleft palate is presented, which was surgically treated in the Oral and Maxillofacial Surgery Department, Health Care Agency, Victoria Hospital as first ever case in the Seychelles. Case is discussed with the review of the available Literature.

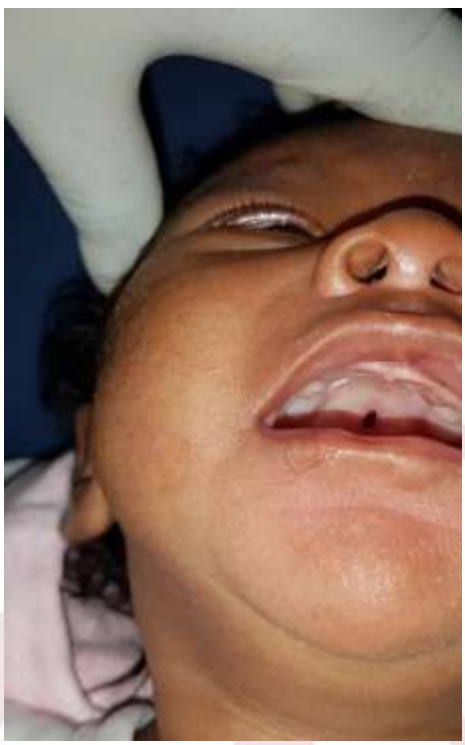
Results/Observations

Two months old baby girl was referred to the Oral and Maxillofacial Surgery Department of Victoria Hospital with palatal fenestration at birth and nasal regurgitation of food. Pregnancy and Delivery uneventful and no family history of Cleft lip and Palate.

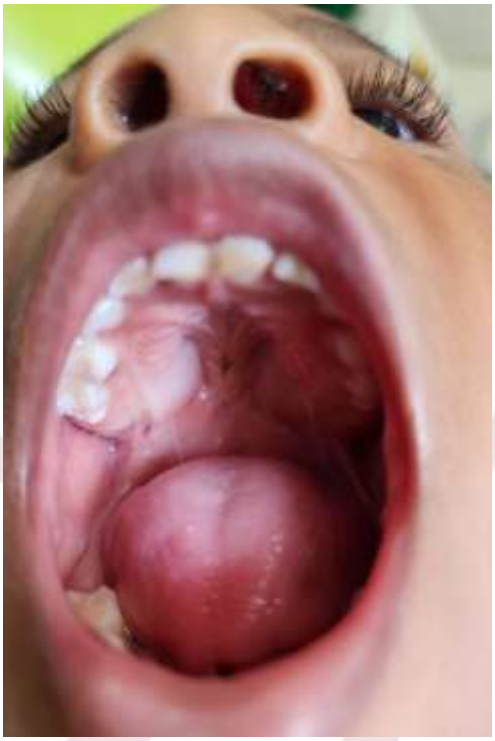
Intraoral Examination.

Midline 7x6 mm fistula at the junction of hard and soft palate, accompanied with diastasis of the palatal muscles (Zona Pellucida), posterior palatal notch and bifid uvula, Calnan's classic triad [1]. MRI scan (10), undone for parents refusal.

At one year old underwent modified Von-Langenbeck palatoplasty with intravelar veloplasty and levator of vely palatine was released and repaired as an sling for adecuate velopharyngeal function. One month postoperative was referred for speech therapy with excellents results.



A



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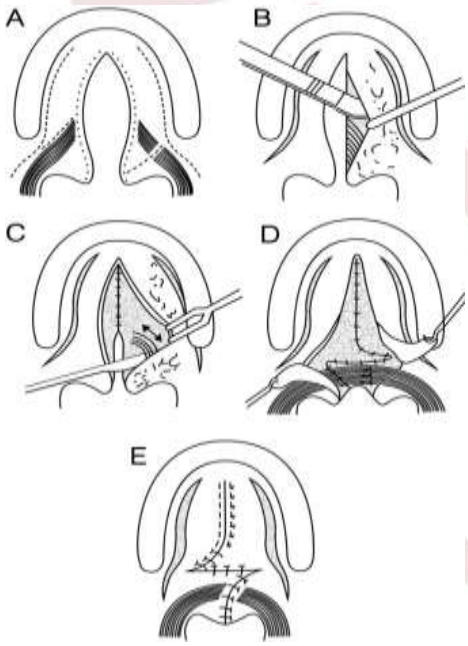

C

A- Congenital Palatal Fistula with submucous cleft palate.

B- Four year follow up. Shows full fistula's closure

C- Modified Von-Langenbeck palatoplasty with intravelar veloplasty

Figure:1

Discussion

Congenital palatal fistula is a rare finding, mostly associated with submucous cleft palate [2,3,4]. Early reports go back to Veau and Borel [2], ever since nearly 30 cases have been reported in the literature. The controversial etiology leads to different theories in its appearance [3,5,6], considering the fistula as a real embryologic defect o due to the rupture of a submucous cleft palate pre or postnatal.

The treatment is generally surgical, including fistula closure, intravelar veloplasty and lengthening of the velum. The two more commonly used techniques are Modified Von -Langenbeck and Furlow double opposing Z -plasty [7,8,9]. Karacan et. all [7] have reported spontaneous closure in isolated palatal fistulas and the use of obturators in some cases refusing surgical treatment and for socioeconomics factors. The reports regarding speech improvements are controversial, not just depending of the surgical technique used but also the availability of speech therapy and patient compliance.

Conclusion

A Congenital palate fistula is a rare condition. The etiology is controversial and its diagnosis is based in two pillars; Clinical Examination and MRI scan, very useful to depict the palatal muscles diastasis associated with the submucous clefts. The long term comprehensive treatment include: Surgical, dental and Speech pathology.

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