

NEW Consultant Joins PMC



Dr. Catherine Lee has joined PMC recently as an Orthodontic Consultant, with subspecialisation in Cleft-Craniofacial Surgical Orthodontics. With her vast experience overseas she is able to provide the state-of-the-art care to cleft patients in Malaysia.

Her clinic is located at Suite B241 at MDC 2L, Block B.

Management of Cleft Patients from Birth to Adulthood

Her clinic hours are as follows :-

1 st & 3 rd Saturday	9.00am to 1.00pm
2 nd & 4 th Monday	9.00am to 1.00pm

Orthodontic Cleft Care is divided into four important stages from birth to adulthood. Orthodontic Cleft Care is a subspecialty discipline that is not restricted or limited to teeth. It includes movement of displaced cleft segments, minimizing the soft and hard tissue deformities prior to their first lip surgery at 3 months of age (**Presurgical Orthopedics**), modification of jaw growth (**Dento-facial orthopedics**), preparation of cleft jaws for bone grafts between age 8-12 years and definitive corrective jaw surgery (**Orthognatic Surgery**) at adulthood.

Before



#2. New born (Child A) with Bilateral Cleft Lip and Palate (BCLCP) with displaced premaxilla (cleft alveolar bony segment) anteriorly. Note also the deformity of the nose, which is commonly not noticed: the absence of collumela below the nasal tip, deformed nasal cartilages, etc.



I Pre-Op BCLCP patient (Child A at 3 months) AFTER Presurgical Orthopedics (N.A.M. technique).

Child A: Now the premaxilla is now repositioned intraorally to its anatomically correct position. The soft tissue gaps between the cleft lips are significantly reduced

Gingivoperiosteoplasty (G.P.P.) can then be performed to unite the cleft alveolar segments intra-orally.

The nasal tip projection has been achieved with the original shape of the deformed nasal cartilages restored. The collumela has also been created non-surgically.

All these features now allow the surgeon to correct the deformity with better aesthetic and surgical outcomes.

After



#4. Post-Op BCLCP patient WITHOUT Presurgical Orthopedics. Note the depressed nose with missing collumela, lack of nasal tip projection and the look of flared nostrils. These children/adults are typically described as having the "Lion King" or "Hooked nose" look.



#3. Post-Op BCLCP patient (5 years old) after Presurgical Orthopedics (N.A.M. technique)

The favorable aesthetic outcome has allowed the child to avoid an additional surgical procedure to reconstruct the nose, earliest, at around this age.

The addition effect of NAM on the primary lip repair also allows children to develop a good self-esteem from a very young age



8.8-year-old cleft patient with Mid-face deficiency

The face can be divided into 3 parts: Upper (glabella-ygorna), Middle (below zygoma-upper jaw) and Lower (lower jaw).

In a normal individual, facial growth is said to be normal if the growth rate of the upper, middle and lower jaw are proportional in all 3 planes of space.

In patients with the history of cleft, the mid-face growth is often retarded, resulting in a sunken face look. This is commonly described as the "big lip" or "big chin" looks.



#7. 8-year-old cleft patient after Dento-facial Orthopedics.

Between the ages of 4-10 years, several treatment options are available to correct midface deficiencies, including Dento-facial Orthopedics and Distraction Osteogenesis (Bone lengthening with rigid fixators).