Case Report



Cleft Lip and Cleft Palate: A Case Report

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ABSTRACT

It is also known as orofacial cleft. The program on immunisation recommends that children receive Bacillus Calmette-Guerin (BCG) and Oral Polio Vaccine (OPV) at birth time. The majority of the disorder is due to the WHO had not vaccinated their children or delayed as the major cause. Most of them are belief that cleft lip and palate are occur due to genetic and environment factors, it is very difficult to identify the disorder before birth by using ultrasonography. The aim is for CLP is to educate parents. Risk factors include are diabetes, obesity, certain medications. Hare lip is the second common birth defects affects the humans. This happens due to the incomplete formation of lip and palate during the first week of pregnancy.

Keywords: Cleft lip, Palate, Orofacial clefting, Immunisation.

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INTRODUCTION

FC occur in both isolated and non-isolated forms. Isolated forms involve no other major structural or developmental impairments and represent the majority of cases with CLP¹. The non-isolated forms with CLP occur due to more than 450 causes including chromosomal anomalies, environmental exposure². Cleft lip happens because of the failed mix between 4th and 6th months of pregnancy, whereas cleft palate occurs between the 6th and 12th months of pregnancy³.

Children with OFC are typically treated by a multidisciplinary team of health care practioners throughout infancy and childhood and, as such, are likely to be high-cost health care users⁴. Several studies found that incidence of CLP among Chinese and Philippine infants born in the united states is lower than those born in their native country⁵. Environmental factors can be divided in to 4 categories: womb environment, external environment, nutrition and drugs. The several teratogens that increase the risk of CL/CP include phenytoin, valproic acid, digoxin and cigarette smoking⁶.

CASE REPORT

Demographic data:

Name: Abdul Raheem

Age: 7 months

Sex: Male

A 7 months old male turn-II who is 2nd in birth order born out of NCM, the baby boy presented to you with cleft lip and palate. His parents are worried about appearance and consequences of the disease. Patient was apparently asymptomatic 5days ago when he developed fever intermittent low grade relieved on medication and also compliant of cold and cough, difficulty in speaking as a result, increase WOB since 5days. Patient was admitted in Nilofer hospital with vomiting and loose stools 4months ago. The birth history of patient with the weight of 5kgs, the patient is not vaccinated the developmental history is rolls over positive, the patient was feeling irritable.

The patient was examined and the temperature is afebrile, Pulse rate:126bpm, Respiratory rate: 48cycles/min, CVS: S_1 S_2 Positive, Respiratory system: bilateral air entry positive, P/A: soft, Central nervous system: no abnormality detected, SPo₂:95%, RAT test is done and the result is negative. After 1day of admission the child is sick looking and had a compliant of 1episode of fever spike.

<u>Socio economic history</u>: Patient belongs to a middle-class family. He belongs to a nuclear family. They live in rented house with all the facilities. Proper hygiene maintained around surroundings.



Birth History

1) Antenatal history

Patient mother has taken folic acid and iron tablets, ultrasonography was done in the antenatal period. Mother has no infection and diseases like DM, HTN, AIDS etc.

2) Intranatal history:

Type of delivery is **C** Section. There were no complaints during the time of delivery. after birth vaccines are given to the baby. The baby weight at birth time is 2.5kg.

TREATMENT

The patient was started with the treatment on admission were O₂ with face mask, Inj. Amoxiclav 250mg / IV/ BD for 7 days, Syp. PCM 2ml/PO/sos, Syp. Amboroxyl 2.5ml/PO/TID. On day 2 -RD positive and had a compliant of 1episode of fever spike. On day 4 - respiratory distress positive and the child is moderate active, on day 6: no fresh complaints have been reported. on day 12: child is moderate active so the treatment change to Inj.piptaz 500mg/IV/TID in 20cc NS at certain timing intervals (7am/ 2pm/ 11pm) for 4days and also tab. Lansoprazole 15mg 1/3rd tablet in 5cc NS/ PO/ OD. On day 15: The patient had improved. He was discharged to home in moderate active condition. The discharge medication regimen was : allow guarded feeds with Haberman's bottle, Syp.PCM 4ml/PO/SOS, Svp.Ambroxol 5ml/PO/BD, Tab.Lansoprazole 15mg 1/3rd tab dilute in 5cc NS/PO/OD. The patient took approximately 1 week to recover after the discharge. The patient returned to his baseline after 1 month of his discharge.

DISCUSSION

These disorders can result in feeding problems, speech problems, hearing problems. Risk factors include smoking during pregnancy, diabetes, obesity, and certain medications it occurs in about 1 to two per 1000 births in the developed world. CL is more common in males as females, while CP without CL is more common in females.

Adults with cleft lip and palate have an increased incidence of structural brain anomalies, including major differences in the sizes of cerebrum and cerebellum associated with mild cognitive impairment⁷.

CONCLUSION

I have taken this case from pediatric department.

I reviewed the history collection, physical examination, investigations, drug study. I had observed for 15 days to the

child and given healthy education to the child as well as to the parents. The child and his parents were very Strick to my instructions.

The primary aim of these disorder is to educate parents, better knowledge of unexpected congenital anomaly like cleft lip and palate is the promise for better parental counseling about its complications, prevention of further recurrence in future progeny. It is the common birth defect that can be detected during 20week of gestation by ultrasound scan.

Use of folic acid during pregnancy can decrease the chance of these disorder. By the proper dietary supplements and folic acid supplements is useful to avoid such risk.

Consent:

Written informed consent was obtained from the patient for the publication of this case report.

Abbreviations:

CP- Cleft Palate, CL- Cleft Lip

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