Complex Care of Individuals with Cleft Lip and Cleft Palate or Velopharyngeal Insufficiency

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The palate is a very small part of the human constitution, but it takes part in the undisturbed arrangement of several different functions. Its faulty or insufficient activity leads first of all to disorders of speech, hearing and swallowing. The competency of the pho-niatrician and speech therapist is therefore obvious in improving of these problems.

The cooperation of the representatives of borderline disciplines, a complex teamwork is, however, indispensable in diagnostics, treatment and care of individuals with cleft lip and palate (CLP) and/or with other forms of velopharyngeal insufficiency (VPI).

The present publication aims to demonstrate the importance of this interdisciplinary work. The Cleft Palate (CP) Committee of the International Association of Logopedics and Phoniatrics (IALP) wants to present in this issue – based on the invitation of the board of the association – the manifold aspects and details of VPI by means of excellent authors working in different areas of the topic and in very different parts of the world.

The authors of the first article (Czeizel and Hirschberg) deal with the classification, epidemiology, and the genetics of orofacial clefts describing the possibilities of the prevention of the cleft on the basis of Hungarian investigations.

Although prevention is better than surgery – as the above-mentioned authors write -it is obvious that full prophylaxis is nowadays only a promise of the future, therefore we must focus our attention on treatment, on achievement of therapeutic efforts as successful as possible. The prerequisite to good results are the exact diagnosis, the correct evaluation of symptoms and a complex, systematic follow-up and care of the CP/VPI individuals made by a multidisciplinary team. The next papers demonstrate this manifold work in the field of diagnostics and therapy. Kawano et al. summarize the Japanese experiences emphasizing the value of the combined use of nasopharyngofiberscopy and fluorovideography especially in revealing slight velopharyngeal incompetence.

Kotby et al. (Cairo) detail the problems of assessment of VPI in developing countries using three levels in the evaluation according to the different socioeconomic situations: the elementary diagnostic procedures, clinical diagnostic aids and additional instrumental measures.

Van Demark (Iowa) summarizes the diagnostic value of the different articulation tests in assessment of and the speech therapeutic tasks with individuals having clefts.

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The next article was compiled by Hirsch-berg and Van Demark with the cooperation and common effort of the Cleft Palate Committee members after repeated revision, but it is only a draft in its present form, too, a proposition to standardize the parameters for evaluation of the speech and hearing in patients with VPI. Emphasis is placed on the use of a five-point scale description system in the perceptual rating.

Tindlund and Holmefjord give an account of the functional results with the team care of cleft lip and palate patients in Bergen, Norway, detailing the routines of plastic surgery, orthopedic/orthodontic treatment and speech training/therapy.

Jury enlightens the difficulties with and the prevention of the most frequent ear complication of VPI, mucosecretory otitis, on the basis of experiences with 1,800 CLP cases in La Plata, Argentina.

In their study Jaques et al. analyze the phoniatic and orthodontic effect of maxillo-facial surgery as it is made in Lausanne, Switzerland.

Muhler and Erler performed comparative rhinomanometric measurements in cleft palate children after palatoplasty with and with-

out a pharyngeal flap carried out in the Thall-witz 'Wolfgang Rosenthal' Clinic. It has been found that pharyngoplasty does not affect nasal breathing compared to CP children without any flap.

Hirschberg and Rehák (Budapest) summarize the phonosurgical results of 1,030 velo-pharyngoplasties and analyze with cephalo-metric measurements the consequences of the flap on the maxillofacial complex: the operation has some adverse effect on growth but it is not considerable, therefore it cannot justify the good functional results of surgery.

I express my confident hope, that the articles collected from authors with several specialities [phoniatics, speech pathology (logo-pedics), oral (maxillofacial), plastic and pe-diatric surgery, otorhinolaryngology, orthodontics, radiology, pediatrics and genetics] and from 8 countries of 4 continents give a good survey of the care of CP/VPI individuals all over the world, a state of the art in 1997 and that they represent also the newest diagnostic and therapeutic trends. I wish they would be useful for a better and more effective treatment of our patients in the future.

Many thanks to the authors for their efforts and contributions to achieve our goals.