SURGICAL REPOSITIONING OF THE PREMAXILLA USING A ENDONSASAL APPROACH WITH SIMULTANEOUS SECONDARY ALVEOLOPLASTY. A CASE REPORT

Authors:
Monsalve Iglesias F(*); Bullejos Martínez E(**); Pérez de Perceval-Tara M(*); España López A(*); Marín Fernández AB(*); Martínez Plaza A(*)
(*)Cleft palate and Craniofacial Unit of Virgen de las Nieves Hospital, Granada (Spain)
(**)Oral and Maxillofacial Surgery Unit of Gregorio Marañon Hospital, Madrid (Spain)

Introducion:
Protruding premaxilla is one of the problems we often find when treating patients with bilateral cleft lip and palate. In some cases, premaxilla is severely protruded and keeps significant vertical discrepancy with the buccal lateral segments. This situation hampers the secondary bone graft surgery and all the benefits that it brings.
Surgical repositioning of the premaxilla is a treatment option when a good reposition cannot be managed with nasoalveolar molding nor pimary cleft lip surgery.

Case report:
We present a nine years old male patient diagnosed with bilateral complete cleft lip and palate. After the lip and palate primary sugeries we did not find improvement in the premaxilla position. It remained very protruded, posteriorly rotated and with extreme vertical discrepancy with the lateral segments. Surgical reposition was indicated and endonasal approach was decided in order to preserve as much as possible the premaxilla vascularization. Endonasal approach and vomerine osteotomy allowed anatomical repositioning of premaxilla and leveling with the lateral maxillary processes. A cemented occlusal leveling splint was designed to stabilize the premaxilla after the osteotomy. Once the premaxilla was stabilized, in the same surgical time secondary alveoloplasty with calvarial bone graft was performed. Occlusal leveling splint was kept during four months after surgery in order to let mature bone growing in the grafted gaps.

Conclusion:
Surgical repositioning is indicated in bilateral cleft lip and palate patients with severely protruding premaxilla. Endonasal approach preserves the vascularization and allows visualization of surgical field better than transpalatal or vestibular approaches.