# Oral Health Fact Sheet for Medical Professionals

# **Children with Cleft Lip and Palate**

Cleft lip is a congenital defect in the upper lip where the maxillary prominence fails to merge with the merged medial nasal prominence; thought to be caused by faulty migration of the mesoderm in the head region. It can include cleft palate that is a congenital fissure of the soft and/or hard palate, due to faulty fusion (ICD 9 code 749)

### **Oral Manifestations and Considerations**

### Oral

- Congenitally missing teeth
- Supernumerary teeth
- · Malformed teeth
- Fistulas may be obturated
- Ectopic eruption of primary maxillary anterior dentition

#### Other Potential Disorders/Concerns

- Many conditions may have an associated cleft
- Understanding the condition is critical to dental management of the patient

## **Oral Side Effects of Commonly Prescribed Medications**

#### Medication

• Persons with clefts may have other conditions for which they need medication, but typically no special medications are taken.

## **Parent/Caregiver Support and Guidance**

- Surgical scarring may limit mobility of maxillary lip and vestibule. Advise caution when manipulating this area.
- Discourage consumption of cariogenic foods and beverages.
- Prescribe sugar-free medications, if available.
- Recommend preventive measures such as topical fluoride and sealants.
- Advise the use of fluoridated toothpaste twice daily and support the family in following dental care instructions.
- Instruct caregiver on appropriate protocol following dental trauma (locate/preserve missing tooth and put in cold milk; seek immediate professional care).
- Review safety issues appropriate to the age of the child, such as mouth guards to prevent oral-facial trauma.
- Recommend rinsing with water thoroughly after taking each dose of sugar containing medication and frequent water intake for patients taking xerostomic medication.
- Discuss habits that may harm the child's teeth such as propping baby bottles, putting child to bed with bottle.

**Additional information:** Special Needs Fact Sheets for Providers and Caregivers

# Children with Cleft Lip and Palate continued

#### References

- Policy on management of patients cleft lip/palate and other craniofacial anomalies. *Pediatr Dent.* 2008-2009;30(7 Suppl):238-9. American Academy on Pediatric Dentistry Clinical Affairs Committee; American Academy on Pediatric Dentistry Council on Clinical Affairs.
- Reisberg, D.J, Dental and Prosthodontic Care for Patients With Cleft or Craniofacial Conditions, *Cleft PalateCraniofac J*:2000Nov; 37 (6): 534–537. Review.javascript:PopUpMenu2\_Set(Menu19216429);
- Precious, D.S, Goodday, R.H, Morrison, A.D,. Davis, B.R. Cleft lip and palate: a review for dentists. *J Can Dent Assoc.* 2001 Dec;67(11):668-73. Review
- Rivkin, C.J, Keith, O, Crawford, P.J, Hathorn, I.S. Dental care for the patient with a cleft lip and palate. Part 1: From birth to the mixed dentition stage. *Br Dent J.* 2000 Jan 22;188(2):78-83. Review.
- Rivkin, C.J, Keith, O., Crawford, PJ, ,Hathorn, I.S. Dental care for the patient with a cleft lip and palate. Part 2: The mixed dentition stage through to adolescence and young adulthood. *Br Dent J.* 2000 Feb 12;188(3):131-4.

#### **Additional Resources**

- NIH Institute for Cleft Lip and Palate
- Special Care: an Oral Health Professionals Guide to Serving Young Children with Special Health Care Needs
- Bright Futures Oral Health Pocket Guide
- American Academy of Pediatrics Oral Health Initiative
- American Academy of Pediatric Dentistry: 2011–2012 Definitions, Oral Health Policies and Clinical Guidelines
- MCH Resource Center
- ASTDD-Special Needs
- Block Oral Disease, MA
- NOHIC-NIDCR publications





