



Saarland University Hospital, Department of Orthodontics, Homburg/Saar, Germany
Stec-Slonicz MI, Lisson JA

AIM OF THE STUDY

To compare the treatment protocol for patients with cleft lip, alveolar bone and/or palate treated at the University Hospital of Saarland in Homburg/Saar, Germany and at the Medical University of Lodz, Poland.

MATERIAL

The general concepts of orthodontic treatment as well as surgical procedures were compared. The orthodontic treatment of German patients was performed in the Department of Orthodontics and the surgical procedures in the Department of Oral and Maxillofacial Surgery within the Cleft Centre at the at the University Hospital of Saarland in Homburg/Saar.

The Polish patients were treated orthodontically in the Department of Orthodontics and surgically in the Department of Plastic Surgery at the Medical University of Lodz, Poland.

RESULTS

Although in both countries the general treatment concepts were similar, the treatment organization was different: in Homburg the Cleft Centre provides a close cooperation between Departments which results in a better communication between the doctors and more individualized ways of treatment.

In Poland, there is no multidisciplinary cleft center, so the only way to create the effective interdisciplinary treatment is to join separate but closely cooperating departments. However, the “Multi-specialist program of medical care for children with cleft” was initiated.

In both countries, the treatment begins with an informative conversation with parents immediately after birth and the impression for the first infant plate is taken. Additionally, the Department of Orthodontics in Homburg/Saar organizes regular free-of-charge-meetings for parents, midwives and all who take care of children with cleft in order to improve the current knowledge about this malformation as well as to let the parents and patients meet together.

Age	Homburg	Lodz
0-6 months	Treatment with infant orthopedics, control visits	
6 months	Lip closure and perinasal reconstruction	
6-12 months	Treatment with infant orthopedics, control visits	
10-12 months	Closure of soft und hard palate in UCLP and BLCP	
12-14 Mo		Closure of soft und hard palate UCLP and BLCP
Before eruption of upper lat. incisor or canine	Bone grafting with autologous pelvic bone	
After growth completion	Multidisciplinary orthodontic and surgical treatment of maxillary hypoplasia if indicated	

Tab. 1. Comparison of General Concepts of Surgical Procedures and Operation Techniques of Cleft Patients in Lodz and Homburg.

CONCLUSION

It is desirable to create a Cleft Centre in all medical units treating cleft patients which also accounts for Lodz, Poland.