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LETTER TO THE EDITOR

Importance of the treatment of patients with lip and palate cleft, especially during the COVID-19 pandemic

Dear Editor,

Patients with cleft lip and palate have trouble in breastfeeding due to the difficulty of performing suction properly. Within this context, the development of the newborn is usually compromised due to low weight gain.[1,2] The treatment for patients with cleft lip and palate is surgery, which is commonly performed in the sixth month of life.[3]

The incidence of cleft lip and palate cleft may vary with ethnicity, race, geographic origin and socioeconomic status. At the beginning of the 20th century, the World Health Organization (WHO) estimated an oral cleft incidence of 1 per 700 live births each year internationally. This incidence is approximately 1 per 800 live births in the United States, which is low in contrast to 1 per 500 live births in developing countries. The abnormal formation is a result of genetic and environmental factors. Maternal deficiency in folic acid and exposure to certain medications, nicotine, use of drugs, and alcohol may also lead to the development of congenital orofacial defects in infants.[2]

During the waiting period until the surgery, the NAM (NASOALVEOLAR MOLDING) device is essential for facilitating suction, decreasing nasal return and, especially improving the quality of nutrition for newborns.[1,2] Another benefit of NAM is the temporary plasticity of nasal cartilage in the neonatal period. This is probably due to high levels of maternal oestrogen in the foetal circulation that triggers an increase in hyaluronic acid.[4] The combination of nasal and alveolar presurgical infant orthopaedic molding (nasoalveolar molding) has resulted in long-term benefits to these patients and in medical economics.[5-9] Moreover, the use of NAM represents benefits of traditional intraoral presurgical orthopaedics such as growth guidance, development of palatal segments, minimization of treatment at a later age, and normalization of tongue position, resulting in better speech and positive psychological effect on the parents.[10]

NAM is a device recommended for patients with cleft lip and palate up to 1 month of age. It is a non-surgical method of remodelling the gingiva (alveolar ridge), lips and nostrils before primary surgery. Then the newborn returned at sixth month to undergo primary surgery. The service provided at University Federal of Minas Gerais (UFMG) has as a protocol treatment with NAM beginning at 2 weeks of life including monitoring by a multidisciplinary team for all families.

The current COVID-19 pandemic, caused by SARS-CoV-2, has impacted the early treatment of patients with lip and palate cleft. The treatment of patients with cleft lip and palate remains a priority since it influences the survival of these patients. Despite the pandemic, this treatment is indispensable for each patient and includes personalized treatment plans. Care of patients with lip and palate cleft cannot be interrupted, even in times of pandemic. Thus, phone prescreening is recommended, which may reveal symptoms possibly associated with COVID-19 and justify postponing in-person consultation. If such consultation is deemed safe, then general safety measures need to include assessing the patient's body temperature, practicing frequent hand hygiene, disinfecting equipment and clinical surfaces and using personal protective equipment consisting of masks (i.e., N95 or FFP2), disposable medical aprons, gloves, glasses and face shields.[11-13] In oral care before, during and after treatment, droplet- and aerosol-generating procedures should be avoided. [11,13]

KEYWORDS

coronavirus infections, cleft lip, paediatric dentistry

CONFLICT OF INTERESTS

None.

Leonardo Pereira Alexandre[1,2]
Leticia Nava Lopes Cançado[1,2]
Henrique Pretti[1,2]
Elizabeth Maria Bastos Lages[1,2]
Yasmim Caroline Furtado de Lima[3]
Maria Inês Mantuani Pascoaloti[3]
Soraya de Mattos Camargo Grossmann[2,3]

[1]*School of Dentistry, Federal University of Minas Gerais (UFMG), Belo Horizonte, Brazil*
[2]*NAM Extension Project, Federal University of Minas Gerais, Belo Horizonte, Brazil*
[3]*School of Dentistry, Pontifical Catholic University of Minas Gerais (PUC Minas), Belo Horizonte, Brazil*

Correspondence
Leonardo Pereira Alexandre, Federal University of Minas Gerais - Dentistry Extension Program,

Av. Pres. Antônio Carlos, 6627 - Pampulha, Belo Horizonte – MG CEP: 31270-901, Brazil.
Email: lpaodonto@gmail.com

ORCID

Leonardo Pereira Alexandre https://orcid.org/0000-0003-3907-3656

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