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# Increasing effectiveness of the outcomes of surgical treatment of secondary lip and nose deformities after primary cheiloplasty.

*In this article the results of surgical treatment of 15 adult patients with cleft lip after primary cheiloplasty have been given. The substantiation of an integrated approach in the diagnosis and choice of the method of secondary cheilorhinoplasty is given. In 9 patients for replenishment of the "bone base" bone cement "Palacos R" was used.*

**Keywords:** optimization, cleft lip, cleft palate, cheilorhinoplasty, malformation, method of Millard, method of Mayer.

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**Birlamchi xeyloplastikadan keyingi burun va lab deformatsiyalarini jarrohlik usuli bilan davolash natijalari oshirish.**

*Ushbu maqolada lab yorig'i bo'lgan birlamchi xeyloplastika o’tqazgan 15 nafar katta yoshli bemorlarni jarrohlik davolash natijalari yoritilgan. Shuningdek, ikkilamchi xeylorinoplastikaning diagnostikasi va usulini tanlashda kompleks yondashuvning asoslari keltirilgan. 9 nafar bemor uchun "Suyak bazasi" suyak tsementini to'ldirish uchun "Palacos R" ishlatilgan.*

**Kalit so’zlar:** optimallashtirish, quyon lab, bo’ri tanglay, xeylorinoplastika, rivojlanish nuqsonlari, Milliard metodi, Mayer metodi.

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**Повышение эффективности результатов хирургического лечения вторичных деформаций губы и носа после первичной хейлопластики.**

*В статье приведены результаты хирургического лечения 15 взрослых пациентов с расщелиной губы после первичной хейлопластики. Дано обоснование всеохватывающего расклада в диагностике и выборе способа вторичной*

*хейлоринопластики. У 9 болезненных для восполнения «костной основы» воспользовались костный цемент «Палакос Р».*

**Ключевые слова:** оптимизация, заячья губа, расщелина неба, хейлоринопластика, порок развития, метод Милларда, метод Майера.

**Introduction.** Cleft lip and palate (CLP) deformities are one of the most frequent birth defects. In the United States and Europe, 1 case of cleft palate with or without cleft lip occurs once every 1000 live births [1, 2]. In Hungary, 2 out of 1000 live infants had combined oro-facial clefts [2]. Although males are more likely to have CLP, girls are more likely to have solitary cleft palates [1, 2].

Prior to speech development, surgical repair of CLP should be undertaken before the first year of life, usually between 3 and 6 months of age. The goal of the procedure is to rejoin all of the lip's tissue layers, reposition the nasal septum, and separate the oral and nasal cavities, as well as restore the soft palate's valve function. [1,2].

If this adequate primary surgical correction of CLP fails, the resulting nasal deformity is one of the most difficult reconstructive problems in rhinoplasty. The patient's cleft lip and palate nose is a source of embarrassment. This is caused by a combination of altered anatomy, surgical scarring from previous reconstructive procedures, and includes septum deformities, nasal pyramid malformation, nasal tip malformation, and alar cartilage malposition.

**Purpose.** Optimization the results of surgical treatment deformations of upper lips and wings of the nose after primary cheiloplasty.

**Materials and methods of research.** The results were studied primary cheiloplasty in 15 patients, 13 of them secondary cheilorhinoplasty was performed. The research was performed in patients of "Chinar" medical center from October of 2021 to January of 2022. For the diagnosis of patients used clinical and x-ray methods of research, anthropometric measurement of the nose and upper lip, removal casts with modeling of the nose and upper

lip, photographic documentation before and after the operation. During secondary cheilorhinoplasty, we used 3 methods of operations. Most often operational interventions were performed according to the method of Kozin Vissarionov , which is essentially advanced Millard method using a sliding flap from a scar-modified filtrum - eight patients. Three patients used the method Mayer, this is a Z-shaped plastic of the vestibule and alar of the nose in combined with cheiloplasty according to Millard. In two cases technique was used to correct nasal deformities open rhinoplasty.

Along with the characteristic features of secondary deformities, 9 patients showed a significant deficit bone tissue of the alveolar process and lower edge pear-shaped opening, which, in order to create "bone base" for lifting and shaping the wing of the nose, bone grafting with polymethyl methacrylate was applied. Despite the preference of many authors autotransplantation during these operations, especially iliac crest transplant according to the method R.T.Ferrior, in our opinion, this method has significant shortcomings [3]. First, defects alveolar process and upper jaw congenital clefts are associated with their atrophy and, consequently, the lack of tissues surrounding the bone and in particular periosteum. In the postoperative period the periosteal-free allograft undergoes rapid resorption, which leads to subsequent recurrent deformity. Secondly, complex relief of the bone bed of the edges of the cleft and the lower edge piriform opening causes difficulty in fixation transplant.

In this group of patients, as an osteoplastic material, we chose a radiopaque bone cement of high degree of viscosity "PalacosR". A drug is a two-component biostable polymer based on polymethyl methacrylate, characterized good osteoplastic properties, radiopacity. During its introduction into a bone wound, it has a plasticine-like consistency and with easily takes the form of a bed, without requiring additional fixation. Subsequent careful suturing of soft tissues and mucous membranes over defect avoids postoperative inflammatory complications.



Figure 1, 2 - Photo K. 17 years old, before and after surgery. Operated according to the Millard method in combination with bone grafting "PalacosR"

The results of surgical treatment were assessed as visual inspection, and according to anthropometry reconstructed lips, nose and upper jaw and determined the result depending on the degree of elimination preoperative deformities. Certain photographs of patients at the stages of treatment are also important in determining the effectiveness of the outcomes of the operation, which, although they do not have a rating scale, but nevertheless are fairly objective criteria the effectiveness of the operation.

Conclusion: All patients had good results without significant postoperative complications. Three patients are scheduled for follow-up corrective operation. Thus, the methods of secondary cheilorhinoplasty in modifications, with the use of bone cement plasty "PalacosR" can be recommended for a wide range of implementation in clinical practice.

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