



Rehabilitation of dental and vestibular agenesis in cleft lip and palate

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Abstract :

Implant rehabilitations of cleft lip and palate must integrate different parameters. Surgical constraints must be compared with prosthetic constraints. The initial assessment must therefore evaluate the bone volumes, the periodontal tissues, the laxity of the vestibule, the persistence of a cleft or a fistula. It will also aim to evaluate the prosthetic objectives and the conservability of adjacent teeth. Bone grafting techniques follow a strict surgical protocol. A diffuse detachment separating the buccal plane from the nasal plane is often necessary. Reconstruction can be done in all three planes of space, most often with parietal bone. The absence of a vestibule may indicate a reconstruction with a skin graft. In this case, a conformer attached to the implants allows for good expansion. In cases of bilateral clefts, the conservability of the central incisors must be discussed. Indeed, their position, anatomy and periodontal status do not allow for a harmonious dental rehabilitation. They must

therefore be extracted in certain cases in agreement with the prosthetic specialist.
Clinical cases will be presented with long-term results.