

P R E S E N T I N G T H I S I S S U E

Foreword

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Inter-disciplinary teams of specialists are well equipped to treat patients afflicted with labio-maxillary-palatal clefts but only a limited number of institutions have such groups and patients often live in remote regions far from the nearest team. To spare such patients from overly frequent, costly, and dispiriting trips to distant centers, it is important that local orthodontists become prepared to participate in the orthodontic aspects of their treatment¹. But the challenges presented by cases of labio-maxillary-palatal clefts are formidable enough to dissuade a number of orthodontists from agreeing to treat them. A recent study showed that although 80% of young American practitioners trained to treat clefts are willing to do so, fewer than 50% of their Canadian colleagues are prepared to make the same commitment². The authors of this study concluded that future orthodontists should receive more information and improved training in this area. In this issue, we want to present the principal points our readers need to

grasp in order to comprehend the therapies that are employed to rehabilitate the morphology and oro-facial functioning of cleft palate patients. It all starts during the course of embryogenesis when a failure of certain facial buds to coalesce forms the basis of future clefts that will cause grave functional, growth, and morphological disturbances.

Olivier Trost and his team review the fundamental embryological data that practitioners need to know about these morphogenetic anomalies. Medical experts should begin to follow these patients even before birth when ultra-sound fetal images reveal the presence of clefts, which is always disturbing news for parents. Bruno GROLLEMUND and his team address the lasting difficulties cleft palate patients confront in perception and the psychological problems that they endure all of which require devoted attention from caregivers. Surgeons must begin reparative procedures at an early stage so that their young patients will be endowed with

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normal facial morphology. It is universally acknowledged that this initial surgical procedure must be executed with exquisite finesse and be supplemented by frequent ameliorative operative interventions but no one has as yet been able to propose a therapeutic protocol for treatment of labio-maxillary-palatal clefts that could receive universal, consensus approval³.

Of the recognized treatment teams who have had considerable experience in treating cleft patients and restoring them to good form and function among the most eminent are the groups led by Jean-Claude TALMANT, Arnaud PICARD, Etienne SIMON and Isabelle JAMES. We thank them for presenting the principles they operate by, the methods they employ, and the management protocols they follow. It is indispensable for orthodontists to have an in-depth understanding of the highly delicate therapeutic techniques because later they will be using orthopedic and orthodontic methods to complete and stabilize the improvements these surgeons have achieved. But in their routine daily practice, orthodontists are not confronted with the challenges these cleft palate patients

present. To help them cope with problems they may encounter in these special circumstances we have prepared a broad overview of the shared objectives the experienced treatment teams have formulated and grouped them in an ensemble that will help orthodontists deal with all the situations they may encounter. As a working plan, the experienced cleft palate surgical group defines the orthodontic objectives they envisage and the private orthodontist proceeds to fulfill them as an important member of the multi-disciplinary team.

Julien GODENÈCHE and his team use the records of clinical cases to illustrate how the intimate collaboration between orthodontists and surgeons works out in practice.

After this brief introduction, we encourage you, our readers, to begin inspecting the material we have compiled for this special issue in the hope that it will provide answers to any questions you may have about the imperatives of cleft palate therapy and help you comprehend the needs of patients who have already endured a long and daunting series of medical experiences before they first arrived at your offices.

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