



In response to: Burden of Care: Management of Cleft Lip and Palate

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We have read the article entitled Burden of Care: Management of Cleft Lip and Palate with great interest.¹ We would like to congratulate the author for her work. It is quite important to continue research projects worldwide regarding the outcome of surgical care for patients with cleft lip and palate. It is especially valuable for surgical teams such as ours, who provide healthcare (for orofacial clefts) in a humanitarian setting and among low-income communities. We thank the author for sharing her experience of a lifetime.

In the past, after obtaining institutional review board approval, we conducted a r study including 60 patients to compare different techniques in patients with cleft lip and palate. We consider that the effectiveness of the nasal floor anatomical closure (nasal lining flap closure) is superior to vomerian flaps and other surgical techniques, as it provides better aesthetic and functional outcome, as evidenced by the lower incidence of postoperative complications (nasovestibular fistula, alveolar fistula, and nasal base asymmetries).² As authors state, these are important causes of burden of care (complications and the need for multiple revisions).

In our opinion, long-term follow-up is needed to evaluate surgical outcome in terms of overall facial measurements and relationships and the ultimate need for orthognatic surgery. In many cases, follow-up has been possible for most patients (who are now mostly adolescents); however, sometimes it is not possible due to sociodemographic factors (for instance, migration, as many patients move for personal or job-related issues).

As for long-term special care, efforts must be directed to evaluating secondary nasal and maxillary deformities (and their treatment), as some authors have studied.^{3,4} Ultimately, the development of instruments and scales such as the CLEFT-Q are absolutely necessary.⁵ They will help us all improve, evaluate our performance, and deliver better results for our patients.

Conflicts of Interest

None declared.

References

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