Oro-Ocular Cleft

A Case Report

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The oblique clefts of the face are quite a rare congenital anamoly. So far only 41 cases in live births have been reported in the literature since the time of Morian, who in 1887 collected all the cases from the literature and grouped and classified them. The first desciption of the anamoly was in Latin by Von Kulmus in 1732, and the first report in English was by Walter Dick in 1837. Both of these cases were still born monsters. The literature upto date has been well summarised by Khoo Boo-chai. Considering the rarity of the condition the following case is reported.

Case Report

Roopa, a $2\frac{1}{2}$ year, first born, girl was seen and admitted to GSVM Medical College Hospital Agra in November 1972. Father is 25 years of age and Mother is 20 years old. There is no history of any congenital anamoly on either side of the family. There is no cosanguity. The pregnency was normal. There was no nutritional deficiency in the mother, and she had no infections during the period of gestation. The baby was delivered at full term and normaly. The birth weight was 7 lb. 4 oz. The second child, a 1 year old brother, is perfectly normal.

On examination the baby was found to be well nourished and otherwise healthy. No other congenital anamoly was detected. The child had not started speaking despite being active and intelligent looking. On the Right side there is a cleft of the lip midway between the usual site of the cleft and the angle of the mouth, and involving the whole lip but not extending into the cheek. There is coloboma of the medial $\frac{1}{4}$ of the lowerlid with absence of the lower lacrimal canaliculus. Connecting the coloboma of the lower lid and the cleft of the lip is vertical linear area of loss of subcutaneous tissue with intact, thinned skin, and no underlying bony cleft. The Eye is normal. The lateral incisor and canine are a little misplaced, but the alveolus is not cleft. On the left side there is a complete oro-medial canthal type of cleft with lip cleft midway between the angle of the mouth and the usual site of the cleft. There is absence of almost $\frac{1}{3}$ of the lower eyelid with absence of the lower lacrimal canaliculi, but normal looking caruncle. The remaining eyelid is pulled down and lateraly. The left eye is very rudimentary and nonfunctioning though the eyeball is mobile. The alveolus is cleft but the two elements are in close approximation. The maxillary cleft extends into the orbit. There is a pocket of pus underlying the

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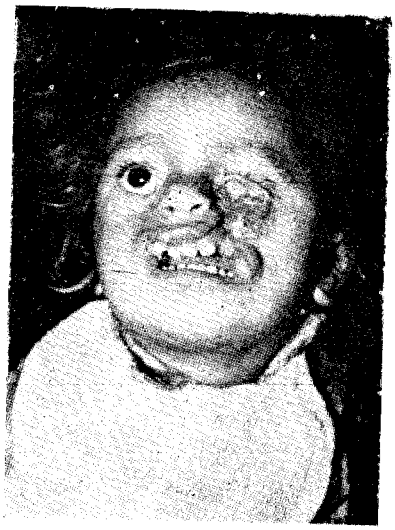
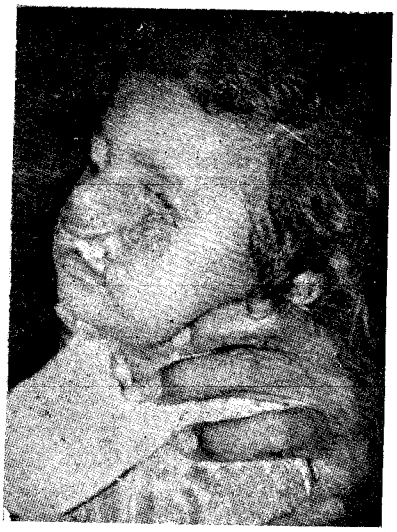
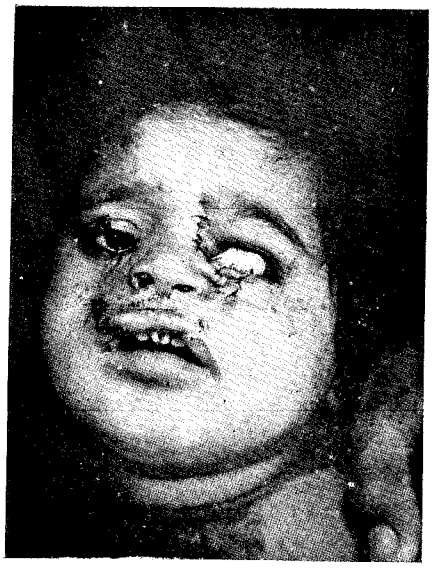
lower eyelid remnant discharging pus anteriorly on pressure. The pyriform opening is well constituted and the nose is normal.



Oro-ocular Cleft (Pre-operative)





Oro-ocular Cleft (Post-operative)

The pus pocket was drained and on culture showed staph. aureus, sensitive only to Kencine which was exhibited. In view of infection it was decided not do any bone-grafting at this stage and only the soft tissue clefts were repaired with reconstitution of the eyelids. There was partial breakdown of the repair because of infection which needed another admission this time to S.N. Medical college Hospital, where the reformed pus pocket was drained into the dento-labial sulcus and controlled. The breakdown was repaired again.

Comments

The oblique clefts have been classified by the Nomenclature Committee of the American Association of cleft palate into two groups, viz. Naso-Ocular, and Oro-Ocular. The later group has been subdivided into Oro-medial canthal (Type I), and Oro-lateralcanthal (Type II). The reported case falls into Type I of the oro-ocular cleft group. The interesting features of the case are :

—It is bilateral defect, complete on the left and incomplete on the right side.

—The cleft of the lip is much lateral to the usual site of the cleft lip, being midway between the angle of mouth and this site.

—The left eye is rudimentary.

—The child has not yet started speaking, despite being now 3 yrs old, otherwise healthy, active and apparently intelligent.

Summary

A case of oro-ocular cleft Type I has been reported with comments on the interesting features of the case.

References

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