

## Foro de opinión II



### PSYCHOLOGICAL ASPECTS IN CHILDREN WITH CLEFT LIP AND/ OR PALATE: A BRIEF COMMENTARY ON SOME RELEVANT FINDINGS FOR HEALTH TEAMS

ASPECTOS PSICOLÓGICOS EN NIÑOS  
CON LABIO LEPORINO Y/O PALADAR  
HENDIDO: UN BREVE COMENTARIO  
SOBRE ALGUNOS HALLAZGOS  
RELEVANTES PARA LOS EQUIPOS DE  
SALUD

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*ASPECTOS PSICOLÓGICOS EM  
CRIANÇAS COM FISSURA DE LÁBIO E/  
OU PALATO: UM BREVE COMENTÁRIO  
SOBRE ALGUNS ACHADOS RELEVANTES  
PARA EQUIPES DE SAÚDE*

**Keywords:** Cleft lip; Cleft palate; Psychological adjustment.

Cleft lip and/or palate (CL/P) are among the most prevalent of all birth defects in human, affecting approximately 1:700 live births(1). The etiology of CL/P is thought to be multifactorial, involving an interaction between genetic and environmental factors (2,3).

Individuals with these anomalies have anatomical deformities that commonly involve the lip, alveolar ridge and palate. Consequently, both aesthetics and function are impaired in the vast majority of cases (1).

In view of this, the treatment of people with CL/P often requires multiple surgeries and other therapies throughout childhood, adolescence and adulthood (4-6). In addition, these craniofacial malformations can influence, among other things, the self-perception and social functioning of affected individuals, even after surgical repair (7). Therefore, multidisciplinary care is necessary for successful treatment of these individuals (1,8).

In this sense, it should be noted the existence of ample scientific evidence that children with CL/P are at risk for psychological problems (9,10). The knowledge about additional predisposing factors to the appearance of these problems may be of extreme relevance for teams that treat patients with CL/P. Thus, this subject is briefly discussed below.

First, I would like to refer to the study performed by Feragen and Stock (2014). According to the results of this research, children with an associated condition in addition to the CL/P present more psychosocial difficulties than those with a cleft alone (9).

Complementarily to these findings, data obtained from the study of Feragen et al. (2017) have suggested that having a medical and/or psychological condition in addition to the CL/P affects speech, language as well as reading. On this basis, the occurrence of any of these problems may indicate psychological risk in children with CL/P (10).

Another relevant and curious point is that cleft visibility has not been considered as a potential risk factor for psychological adjustment of children with CL/P, since significant differences in psychological adjustment between children with a visible versus a non-visible cleft have not been verified in the literature (9).

However, in view of the foregoing, psychological services are essential for the comprehensive care of patients with CL/P. Moreover, it is important that all professionals of cleft teams have at least a general knowledge about psychological aspects of these individuals. This, in turn, can contribute to the improvement of the quality of the provided care.

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## References

1. Vlahovic AM, Haxhija EQ. Cleft Lip and Palate. In: Pediatric and Adolescent Plastic Surgery for the Clinician. Springer, Cham; 2017.p 67-87.
2. Tovani-Palone MR, Saldias-Vargas VP. Factores genéticos y fisuras orofaciales no sindrómicas. Rev Fac Med. 2016; 64(2):381-383.
3. Palone MRT, Silva TR, Vargas VPS, Dalben GS. A relação do gene IRF6 com a ocorrência de fissura labiopalatina. Rev Fac Ciênc Méd Sorocaba. 2015;17(2):107-108.
4. Palone MRT, Silva TR, Dalben GS. A Bioengenharia tecidual em favor da reabilitação de indivíduos com fissura labiopalatina. Medicina (Ribeirão Preto). 2015;48(2):113-118.
5. Tovani-Palone MR, Beja GBSP, Perez-Faverani L, Ramalho-Ferreira G. Expansão rápida da maxila assistida cirurgicamente no tratamento reabilitador das fissuras bilaterais completas de lábio e palato: particularidades técnicas. Rev Fac Med. 2017;65(1):157-160.
6. Premkumar S, Roopa@Kunthavai C, Tovani-Palone MR. Clinical Application of Customized Presurgical Nasoalveolar Molding for the Treatment of Unilateral Complete Cleft Lip and Alveolus: Case Report. Electron J Gen Med. 2018;15(5):em76.
7. Lorot-Marchand A, Guerreschi P, Pellerin P, Martinot V, Gbaguidi CC, Neiva C, et al. Frequency and Socio-Psychological Impact of Taunting in School-Age Patients with Cleft Lip-Palate Surgical Repair. Int J Pediatr Otorhinolaryngol. 2015 ;79(7):1041-1048

8. Tovani-Palone MR. Treatment of Non-syndromic Cleft Lip and/or Palate in Brazil: Existing Consensus and Legislation, Scope of the Unified Health System, Inconsistencies and Future Perspectives. *World Health Popul.* 2018;17(4). doi:10.12927/whp.2018.25443. Epub ahead of print.
9. Feragen KB, Stock NM. When There is More than a Cleft: Psychological Adjustment When a Cleft is Associated with an Additional Condition. *Cleft Palate Craniofac J.* 2014;51(1):5-14.
10. Feragen KB, Saervold TK, Aukner R, Stock NM. Speech, Language, and Reading in 10-year-olds with Cleft: Associations with Teasing, Satisfaction with Speech, and Psychological Adjustment. *Cleft Palate Craniofac J.* 2017; 54(2):153-165.