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286. Tessier 30 Facial Cleft: Two Case Reports

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Background/Purpose: Lower midline facial cleft is a very rare cranio-facial anomaly. This cleft was first described by Couronine in 1819 and since then less than 100 cases have been reported in literature with different severity. In 1976, Paul Tessier introduced the number system for craniofacial clefts, wherein the lower midline cleft was notified as no 30. This defect may present with varying degree of severity from isolated soft tissue of the lower lip to the tongue, alveolus, mandible, floor of the mouth, and neck structures. The anterior portion of the tongue may be bifid, which may be associated with ankyloglossia. Duplication of tongue, aglossia are also reported with lower midline cleft. Here, we want to share our experience.

Methods/Description: Retrospective study with follow-up of 6 months to 5 years. Setting: Academic Hospital. Patients/Participants: 2 patients with lower mid-line facial cleft. Interventions: Lower mid-line facial cleft surgery. Main Outcome measures: Outcome measures were patients' self satisfaction and comments of peers.

Results: Two primary lower mid line facial cleft operations were done in 1 male and 1 female patients. The age of the patients were 6 months and 37 years. One patient present with soft tissue cleft and other one with bifid tongue and ankyloglossia along with mid-line cleft of lower lip and mandible, Postoperative period was uneventful. No case of wound dehiscence or wound infection was observed.

Conclusion: Tessier 30 facial cleft and associated clinical anomalies are extremely rare congenital facial deformities. An early result of repair is encouraging. Long-term follow-up regarding mandibular development, dentition, and scar is to be observed.

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