INTRODUCTION: Complete clefts lip and palate represent a long journey for patients, families and the cleft team. We have to face a lack of function, symmetry and shape. There are involved soft tissue, muscles, cartilages, bone and all of them are displaced, distorted or missed. In more than 40 years of experience in our department we developed a strong surgical protocol that has its center the cheilo-rhyno-plasty and periosteoplasty procedure. Within 3 hours procedure we try to restore every single part involved in order to achieve better results and less need of further procedures.

MATERIALS AND METHODS: We performed a modified Tennison technique for UCLP and the Mulliken one on BCLP; we used to perform some principles from the early treatment of the nose by Mulliken and, furthermore, we introduced a carefully excision of a semilunar skin flap at the base of the displaced alar cartilage in order to improve the symmetry of the nose. Moreover, in order to restore the lack of maxillary bone, we performed a periosteoplasty described by Massei. The average age was 2.5-3 months. Photographs are taken pre, post operation and at each follow ups.

RESULTS: We performed the procedures on UCLP cases and on BCLP ones, from January 2010 to December 2014. We achieved satisfied results in symmetry, muscular reconstruction, correct philtrum shape, length and position and, moreover, a proper shape and structure for the nasal pyramid. Periosteoplasty procedure has decreased the need of bone graft in the 70% of cases. Main complications are: 0.1% of post operative bleeding, 15% of skeletal class III malocclusion.

CONCLUSIONS: We do believe that an earlier surgical approach represent the best way to achieve better aesthetic results and less need of further operation. Periosteoplasty procedure is our milestone to decrease the need of bone graft.

INTRODUCTION: Numerous scales assessing the aesthetics of cleft lip repair exist. Most of the scales, including the Asher-McDade scale, use frontal and lateral views, while neglecting a basal view. These scales are also limited due to inherent subjectivity. We believe the basal view is important for properly assessing the aesthetics of Cleft lip repair. In this study we evaluated the basal view in comparison to the Asher-McDade scale.

MATERIALS AND METHODS: Pictures of 56 multiethnic and multinational patients ages 5–18 with unilateral cleft lip repairs were evaluated by a panel consisting of four plastic surgeons. Pictures were scored from 1 (best repair) to 5 (worst repair). Scoring was done based on both the basal standard developed in our study, consisting of progressive columnellar shortening and alar flaring, and the published Asher-McDade standards. Spearman correlation was used for to determine both inter rater reliability for both scales, and reliability between the 4 aspects of the Asher-McDade scale with our developed basal scale.

RESULTS: Scores correlated strongly for each view. There was moderate correlation for the basal view with both nasal form and deviation scores (p<0.05). As expected, there were no correlations between the basal view and vermillion border or profile scores. There was strong inter-rater correlation with the basal view standards developed in this study.

CONCLUSIONS: Given our results we believe that the basal view is an effective tool in evaluating the aesthetics of cleft lip repair. Not only does it show strong inter rater reliability, but it correlates well with the form and deviation aspects of the Asher-McDade scale. The benefit of using this view is that a scale can be created which quantifies both columnellar shortening and alar flaring. This will help to eliminate subjectivity and allow providers to make objective assessments of the aesthetics of their cleft lip repairs.

14.20 COMPARISON OF THE BASAL VIEW AND A PREVIOUSLY STANDARDIZED CLEFT LIP RATING SCALE

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14.30 3D PRINTED MODELS AS TEACHING MODELS AND SURGICAL PLANNING TOOL

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