



The Orthodontist as a member of the Cleft Lip and Palate Team

Interdisciplinary collaboration and protocols of treatment in Denmark

Coordinator: Susanna Botticelli

Susanna Botticelli, Joan Bogh Nielsen, Sven Erik Nørholt

Moderator: Costanza Meazzini

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Susanna Botticelli DDS, MSc, Ph.d.



EDUCATION:

- 2001** : DDS, Bologna University
- 2007** : Specialty in Orthodontics, MSc, Aarhus University
- 2019** : PhD, Aarhus University

CURRENT EMPLOYMENT:

- Consultant Orthodontist, Cleft Lip and Palate Dept., Aarhus
- Postdoc, Section of Orthodontics, Institute of Dentistry, Aarhus University
- Orthodontist in private practice Specialtandlægerne Aarhus Tandregulering

As a consultant orthodontist at the Cleft department, I have been treating patients with oro-facial cleft conditions since 2007 in all clinical phases of treatment.

My main research interests are diagnosis of cleft severity and differential planning. I am implementing 3D imaging methods based on digital models and intraoral scanning in the assessment of infant cleft size and morphology, palatal volume and pre- and post-surgical evaluation of bone grafting procedures. Furthermore, my research focuses on eruption anomalies and impacted teeth.

At Aarhus University I have been involved in teaching pre- and post-graduate students since 2007 and in planning the International Short-Term Course in Orthodontics since 2011. Currently I am co-directing the Short-Term Programme, conducting independent research and supervising post-graduates and research students.

Abstract

The orthodontist as a Team player

Patients with orofacial clefts need multidisciplinary care. Treatment complexity and high burden of care require a number of specialists to work in harmony when establishing treatment protocols. Usually, the following disciplines participate in the Cleft teams: pediatrics, genetics, plastic and reconstructive surgery, social work or nursing, orthodontics, speech language therapy, ENT, maxillofacial surgery, prosthetic dentistry, and psychology.

The presentation will focus on the role of the orthodontic consultant in the management of children born with a cleft condition at multiple stages of dental and growth development. Protocols of treatment in Denmark will be introduced through clinical examples. Furthermore, attention will be drawn to functional adaptation, issues with post-treatment stability and need for life-long retention. The importance of a close communication among all professional specialties in the team, respecting patients own expectations and perceptions will be emphasized.

Joan Bogh Nielsen SLP

- 2005 Speech Language Pathologist at the University of Copenhagen
- 2005- Speech Language Pathologist at the Cleft Palate Center, Aarhus
 - Principal Investigator in Aarhus for Timing of Primary Surgery for Cleft Palate (TOPS trial- RCT study)
 - Responsible for assessments during the Scandcleft Trial- RCT study



Abstract

The speech-language pathologist as a Team player

Children with a cleft that affects their soft palate may have problems with speech that include sounding nasal. This is caused by the soft palate not being able to properly close off the mouth from the nose while speaking and therefore letting air escape through the nose. This presentation will introduce you to language development and cleft speech characteristics in children born with a cleft palate.

Sven Erik Nørholt DDS, Ph.d.



EDUCATION:

1988 : DDS, Aarhus University
1994 : Specialty, Oral and Maxillofacial Surgery
1998 : PhD, Aarhus University

CURRENT EMPLOYMENT:

Clinical Professor, Consultant Surgeon, Dept OMFS, Aarhus University Hospital.

Clinical Professor, Section of Oral Surgery and Oral Pathology, Institute of Dentistry, Aarhus University

As a consultant surgeon at the department of oral and maxillofacial surgery at Aarhus University Hospital for the past 20 years I have been part of the surgical team treating orthognathic surgical patients and reconstructive cases as well as maxillofacial traumas. Furthermore, specialized treatments including distraction osteogenesis, secondary cleft treatment, and treatment of craniofacial anomalies have been part of my key interests.

Chairman of the annual course in orthognathic surgical treatment held at Aarhus University Hospital since 2002 as part of the EACMFS educational programme. Additionally, the course has been part of the training program for large number of Scandinavian OMFS residents

As clinical professor since 2013 I am responsible for the research program in the department and supervisor for several PhD projects as well as investigator on clinical projects related to surgical treatments and oral pathology.

Abstract

The maxillofacial surgeon as a Team player

Bone grafting and orthognathic surgery in patients with cleft defects

At Aarhus University Hospital, the treatment of residual cleft defects of the alveolar process is usually performed by use of autogenous bone grafting at the age of 9-11 years. Nearly all unilateral defects are grafted according to the modified Åbyholm flap technique using mandibular symphyseal bone. Bilateral clefts are mostly grafted with anterior iliac bone graft. Both techniques are associated with a high success rate for closure of the oro-nasal fistula, and the procedure and results will be presented.

If a restricted growth of the maxilla is present, orthognathic surgery is considered when growth has finished. Distraction osteogenesis is applied if a sagittal discrepancy of more than 6-8 mm is present; otherwise, a Le Fort I advancement is performed. The technique and treatment examples will be presented.