

MEDIAN CLEFT OF UPPER LIP (A Report of Two Cases)

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SUMMARY

Two cases of median cleft of upper lip are being documented. Out of these one of them had a big meningocele in the palatal defect, which is a very very rare abnormality.

(Key Words : Median cleft, Meningocele)

True median cleft of upper lip is one of the rarest facial cleft deformities. More than hundred examples were reported by many authors including Fogh Anderson (1965), Baiback G. (1966) Demeyer (1967), Millard and Williams (1968) and a few others upto now in different publications.

In the last four years we have had two cases of true median clefts of upper lip. One was a baby about one year old with complete median cleft of upper lip and associated bifid nose and wide cleft palate deformity. The peculiar thing in this case was the presence of a big meningocele protruding through the gap of the cleft palate.

Case reports

Case No. 1 — Biswajit, 1 yr. old male baby was admitted to our hospital in the month of January,

1985, with a congenital midline cleft of upper lip (Fig. 1). Cleft was complete with a triangular wide gap in the philtrum and the frenulum was duplicated. There was a gap in the alveolus and it was continuous with the central wide gap of the cleft palate. Into that wide palatal gap one big globular cystic swelling was hanging (Fig. II). It was a meningocele confirmed clinically and also biochemically and cytologically by examining the clear watery fluid taken out by needle aspiration. This patient had associated bifid nose with hypertelorism. Median cleft lip was repaired along with the nasal deformity in one stage. It was a midline repair in three layers and skin by two Z-plasties. Result was satisfactory (Fig. III). Meningocele in the palatal gap was repaired after one year. Approach was extracranial through the

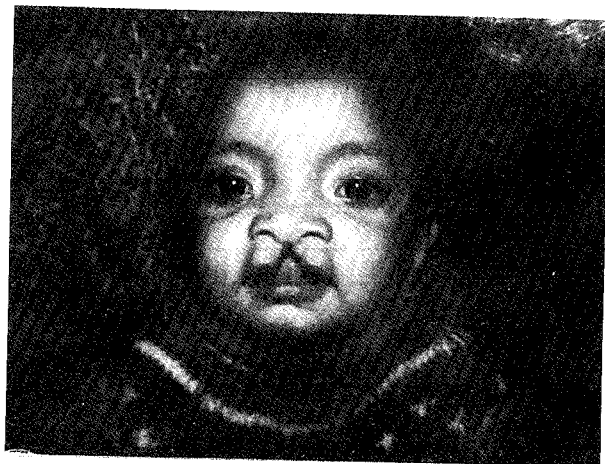


Fig. I Child with the median cleft.



Fig. II The meningocele protruding through the palatal gap. The lip has been repaired.



Fig. III The result of lip repair.

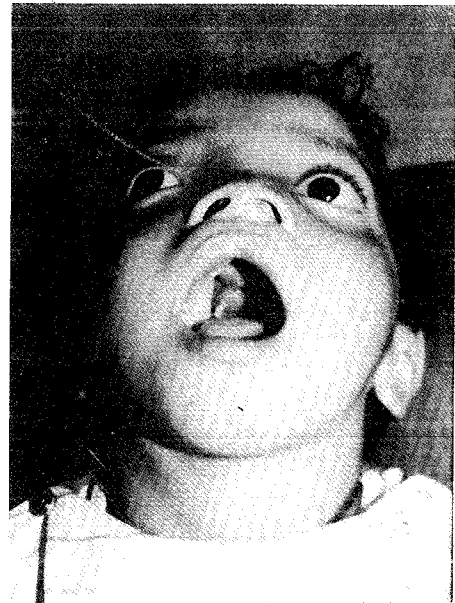


Fig. IV The meningocele repaired.

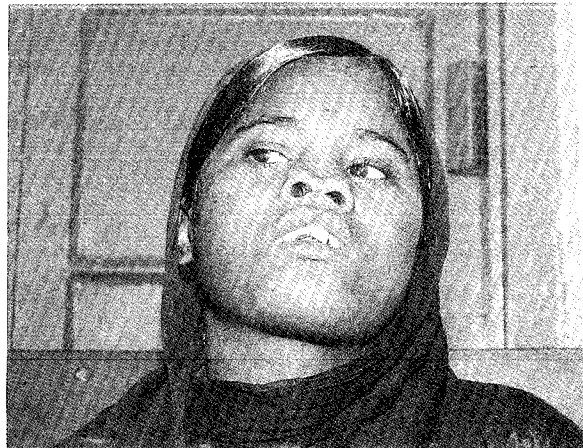


Fig. V Incomplete median cleft of upper lip with bifid nose.

palatal gap. Attempt was made to repair it in two layers. It was really a very difficult job. Post operative period was very stormy. However the patient recovered with proper care and treatment and was discharged from the hospital after a month (Fig. IV).

Case No. 2 — One 14 years old muslim lady was admitted in february, 1987, with incomplete median cleft of upper lip. This cleft was associated with bifid nose and wide distorted philtrum (Fig. V). In the middle there was a depression extending

from the cleft upto the base of the columella. There was also some gap between the upper two incisors and the frenulum was duplicated. Repair was done in three layers with Z-plasties near the vermillion. Local correction of bifid nose and deformed columella was done in the same sitting.

Discussion

The true hare lip defect is due to imperfect union between the paired globular processes. Severity of disruption in the process may be

responsible for a bifid frenulum, a midline notch of alveolus, a midline cleft of palate or a bifid nose with hypertelorism. False median hare lips are due to agenesis of the globular processes (Sharma, 1988). Millard and Williams are of the opinion that all the central clefts of upper lip with absence

of prolabium should be called as median cleft lip. Fogh-Anderson also mentioned about associated malformation of hand. F.M. Tripathi et al (1984) described associated columellar cyst, and we in this paper added another very unusual association i.e., meningocele through the palatal cleft.

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