

# TESSIERS NO. 3 OBLIQUE FACIAL CLEFT

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**KEY WORDS :**  
Congenital, Tessiers.

**ABSTRACT :**

A case of rare variety, of a congenital origin, of lateral, oblique facial cleft is presented. Cleft closure is achieved by using cheek and glabellar flaps.

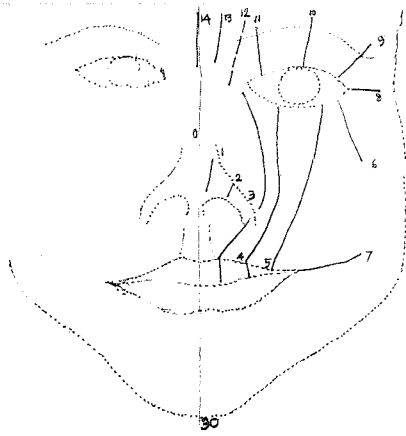
**INTRODUCTION**

A complete oro naso ocular cleft is a rare congenital anomaly and represents one of the most difficult and challenging malformations for the reconstruction (Kawamoto et al 1977).

**CASE REPORT**

A 8 month old child was admitted to hospital with a facial cleft on the right side.

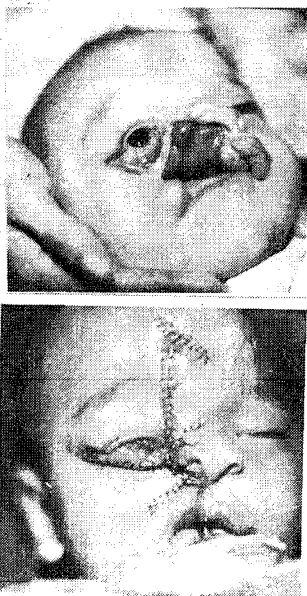
1. A wide right sided complete oro naso ocular cleft started in the upper lip as an ordinary cleft, passed through the Right nasal



Tessiers classification

Sketch showing .

Tessier's classification.



Photographs Showing :

- i) Pre-op. defect.
- ii) Post-op. after closure.

vestibule and pulled the alar base and rim up, towards the eye.

2. Coloboma of the lower eyelid between the punctum and the medial canthus was present. The distance between the medial canthus and the lip was less than normal due to shortage of cheek tissue.
3. There was a wide bony defect from the medial side of the infraorbital rim into the nose, alveolus and palate.

4. Hypoplastic Rt. maxilla with vertical shortness was evident.
5. A wide anterior fontanella. The bony defect extended on to the left frontal bone resulting in a pulsatile swelling on that side.

The following laboratory tests were done :-

1. Haemoglobin
2. Blood group
3. CT Scan for a naso ethmoidal Encephalocele.

### TECHNIQUE

The clefts were closed by V-y rotation glabellar nasal flap and cheek rotation flap in one stage by extensive under-mining of the soft tissue over the maxilla and the zygomatic arch to achieve tension free soft tissue closure.

Result is satisfactory and the appearance is greatly improved. Further correction however is indicated. The palate will need to be closed at a later stage when repositioning of the medial canthal ligament will need to be done.

### DISCUSSION

No. 3 cleft is well described in a number of books and journals. However, the details of surgical procedure to follow are not mentioned, in any of them. One has to limit surgery to the soft tissue repair in the 1st stage, using local flaps. Closure of skin, mucosa and bony structures in one single procedure is adventurous (Van der Meulen 1989). When is undertaken at a tender age.

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