



Nasoalveolar Molding: A new Method for Cleft Lip and Palate Rehabilitation

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Introduction:

Cleft lip and palate is a congenital anomaly occurring in 3 in 1000 live birth. One the major concern in this patient is about cleft gap and its surgical problems. Several surgical and non-surgical procedures have been done to decrease this gap. They aimed to achieve the more esthetic results as well as feeding success. Nasoalveolar Molding (NAM) is a new method for reshaping nasal and alveolar bones, presurgically.

Matsuo et al described that auricular cartilage could be molded permanently when treatment was done within 6 weeks of life. High levels of maternal estrogen in the fetal circulation can triggers hyaluronic acid which can alter the cartilage, ligament and connective tissue elasticity. Estrogen level continue to drop after 6 weeks of age. This concept was applied for the correction of nasal deformities in cleft lip patients. Nasolaveolar molding may stimulate immature nasal chondroblasts and produce interstitial expansion.

Aims of Nasoalveolar Molding:

- a. Active molding and repositioning of the deformed nasal cartilages and alveolar processes.
- b. Appropriate Lengthening of the columellac. Better bone healing after surgey due to reducing the gaped. Reduces the need for secondary alveolar bone grafts. Correction of lip position with minimal scarf. Reducing hospital stay for nasal esthetic surgery. Better weight gain in early infancy

Conclusion:

Management of cleft lip and palate has been changed with more emphasis on the nasal and alveolar molding prior to the primary lip repair. This method reduces the number reconstructive surgeries for the purpose of esthetics as well as may cause better feeding in early infancy.

Keywords: Cleft Lip and Palate, Infant Orthopedics, Nasal Molding.

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