

# 10<sup>th</sup> Dentists and Prosthodontics Annual Meeting

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## Pre-surgical infant orthopaedics – nasoalveolar molding (NAM) technique

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**Introduction:** There has been overlooking of the deformities of nasal cartilage in unilateral and bilateral cleft lip and palate patients leading to loss of nasolabial fold after accomplishment of the treatment. Hence pre surgical infant orthopaedics has been employed as an adjunctive neonatal therapy for the correction of cleft lip and palate. Therein nasoalveolar molding (NAM) technique has reduced the severity of the initial cleft alveolar and nasal deformity. Long term studies on NAM therapy indicate better lip and nasal form, reduced oronasal fistula and labial deformities, 60% reduction in the need for secondary alveolar bone grafting. Studies have shown that no effect on growth of midface in sagittal and vertical plane has been recorded up to the age of 18 yrs.

**Objective:** To ascertain the significance of nasoalveolar moulding technique in cleft lip and palate patients.

**Material & Methods:** A search was conducted through various search engines through internet and articles about nasoalveolar moulding technique in the treatment of cleft lip and palate deformity. A proper alignment of the alveolus, lip and the nose helps the surgeon to achieve a better and more predictable surgical result. The cleft deformity is significantly reduced in size with the NAM therapy before surgery, making primary repair of the lip, alveolus and the nose an effortless procedure. Studies have also demonstrated that 60% of patients who underwent NAM and gingivoperiosteoplasty did not require secondary bone grafting.

**Conclusion:** Long-term studies of NAM therapy indicate that the change in the nasal shape is stable with less scar tissue and better lip and nasal form. With the alveolar segments in a better position and increased bony bridges across the cleft, the permanent teeth have a better chance of eruption in a good position with adequate periodontal support. Since the initiation of NAM, there has been a significant difference in the outcome of the primary surgical cleft repair. NAM has demonstrated tremendous benefit to the cleft patients as well as to the surgeon performing the primary repair. This enables the surgeon and the patient to enjoy the benefits associated with repair of a cleft deformity that is minimal in severity.

### Biography

Zafar Abbas (MCPS Trainee-OMFS) has done BDS from Liaquat College Medical and Dental, Karachi, Pakistan. He has published articles in peer reviewed reputed journals.

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