Sys Rev Pharm 2021;12(1):1180-1184
A multifaceted review journal in the field of pharmacy

Profile Of Cleft Lip And Cleft Palate In Basrah Province South Of Iraq Between 2013-2015

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ABSTRACT

Aims

To study the profile of patients with cleft lips and palate in Basra provin

Background

Orofacial clefts are the most common congenital malformation of the face, and its pattern varies with geography worldwide. Pattern and magnitude remain uncertain due to very few studies. Methodology

This study includes 363 cases of orofacial clefts divided to Cleft Lip (CL), cleft palate (CP) and cleft lip and palate (CLP). Patients enrolled in the Al Sadder Teaching Hospital's plastic and reconstructive surgery department in Basrah, south of Iraq, from January 2013 to December 2015. Variables Data collected such as age, sex, residence, type, degree of orofacial clefts and family history were noted.

Result

Among all OFCs cases under study, 186 (51.2%) were males, and 177 (48.7%) were females. Age of patients at presentation ranged from 1 day to 49 years with a median age of 2 years. The predominant type is CP 170 (46.8%) followed by CL 129 (35.5%) then cleft lip and palate 64 (17.6%) cases were noted. Statistically significant differences found between those cases with positive family history forming 207 (57%) from all cases and those with negative family history 156 (43%) of cases. Most of the cases came from rural areas 247 (68%) compare with 116 (32%) cases from urban areas with significant differences.

Conclusion

In this study, all types of OFCs are increased in Basrah and seen more commonly in males; OFCs associated significantly with positive family history. The role of environmental factors in increasing congenital abnormalities in Basrah, particularly in rural areas, cannot be excluded and requires further resear

Keywords: service quality, behavioral intention, emotional satisfaction, childcare center

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INTRODUCTION

Orofacial clefts (OFCs) are congenital abnormal spaces or gaps in the alveolus or palate of the upper lip. They are the most frequent serious congenital anomalies affecting the orofacial region[1]. OFCs classified as the cleft lip (CL), cleft palate (CP), and cleft lip and palate (CLP), this congenital deformity caused by abnormal facial development during gestation (failure in the union of palatal, median and lateral nasal processes)[2]. These highlights may introduce alone, as a component of a disorder, or alongside other related abnormalities CL and CP commonly influence the lip, alveolar edge, and hard and soft palates), issues related with these oddities are dental problems, malocclusion, nasal deformation, feeding, ear and speech troubles [3].

Despite OFCs that occur in all races, however, the prevalence of specific cleft conditions varies greatly across geographic areas and ethnic groups. OFCs, for example, occur more commonly among Asian populations than African ones. It is essential to understand the prevalence of craniofacial anomalies in each community to determine the size of the problem, the effort to improve the quality of life of these patients, and the efficacy of interventions. Although efforts have made to record the frequency of congenital disabilities over the years, precise epidemiological data for many countries do not exist exist[4]. Blacks have the lowest levels of OFC incidences, the highest incidence rate in native Americans found to be 3.74 per 1000 live births, followed by Japanese as 3.36 per 1000 live births. In the USA, these anomalies affect about one in every 700 babies, with a slightly lower incidence rate of 1.3 per 1000 live births. Most of the epidemiological studies have conducted in the USA and Europe. Asians are at higher risk than whites or blacks[5]. Research about the epidemiology of facial cleft in Arab countries shows an increased incidence of the cleft in Eygpt, Saudi Arabia and Iraq[6].

Cleft lip and cleft palate aetiology are multifactorial, present in various cultures and races as well as in countries at different frequencies. This multifactorial includes both genetic and environmental factors including malnutrition, drugs, alcohol, smoking, infections, traumatic stress and pollutions. On average, approximately 1 out of every 500-750 live births results in a cleft[7]. Several studies have demonstrated that the incidence is highest among Asians, followed by Caucasians, and lowest in people of African descent[8].

METHODOLOGY

A retrospective study, based on a government facility review of the registries for the years 2013-2015, the researchers follow the ethical approval of the Basrah journal of Surgery (https://sites.google.com/site/basjsurg/publication-ethics-and-malpractice-statement), also important facilitation document for the collection of research information records in the plastic surgery department from the Faculty of Dentistry to Al Saddr Teaching Hospital. The papers checked for the culmination of the data required. Every one of them was complete when the issue identifies with the following: Age, sex, residence, type and degree of cleft lip and palate, and family history. We obtain 363 complete records about the subject under study. The data collected were coded and fed to SPSS