Background :

Bilateral cleft lip surgery is challenging for the paediatric plastic surgeon. Different surgical techniques are described for bilateral cleft lip repair either in on stage or multiple stages.The main limitation reported for the one stage technique is the excessive tension encountered during the repair while the main limitation of staged techniques overall was the ability to achieve good upper lip symmetry after the final repair. In our study, we evaluated the symmetry of bilateral clefts after performing a staged repair that consisted of muscle mobilisation at the first stage followed by the full repair at the second stage.

Methods:

We performed staged repair to 20 patients having bilateral cleft lip after the nasoalveolar molding unless the patient presented to us beyond the age of 3 months.The selection criteria were: 1) Patients that had a severely projected premaxilla. 2) rotated premaxilla 3) vertical height of the prolabium less than 6 mm 4) asymmetric bilateral clefts 5) failed nasoalveolar molding 6)patients that did not undergo nasoalveolar molding. We excluded patients with facial clefts.We performed te first stage at the age of 3 months by muscle mobilisation from the premaxilla and without any muscle dissection from the skin or mucosa and then we performed the second stage at the age of 18 months.We performed frontal photometric analysis to our patients after the second stage repair

Results:

Only one patient with rotated premaxilla in our study showed partial disruption of the wound on one side after the first stage and had redo of the first stage 3 months later,otherwise no complications were encountered.All patients showed good symmetry of the upper lip by photometrical analysis.

Conclusion:

The staged repair of the bilateral cleft is safe and leads to good symmetry of the upper lip.Further prospective studies with larger samples are needed.