

**EDITOR'S COMMENT:** *The first group of articles in this issue of the Journal are the result of a program presented at the annual meeting of the American Cleft Palate–Craniofacial Association held at Williamsburg in 1988. The program was assembled by John Mulliken, whose own work is represented in these proceedings. However, unlike most "proceedings," these manuscripts have undergone the normal peer review process of the Journal. The Editor wishes to express his appreciation to the authors for sharing their work with the readership of The Cleft Palate Journal. Because these papers stand together as a group, the normal process of a Commentary following each paper will be bypassed in favor of a preface from Dr. Mulliken, who had a specific intent in soliciting these works for the program.*

## PREFACE

JOHN B. MULLIKEN, M.D.

It is known by many names: first and second branchial arch syndrome, otomandibular dysostosis, Goldenhar syndrome, oculoauriculovertebral dysplasia, and lateral facial dysplasia. However, the term "hemifacial microsomia" (HFM), introduced by Gorlin and Pindborg in 1964 tenaciously endures, perhaps because of its brevity, clarity, and euphony.

In the past, HFM has been the purview of various medical specialists, each preoccupied with one or two anatomic areas and each with a particular technical expertise. Reconstructive surgeons have struggled with the external ear anomalies, microphthalmia, and soft tissue and muscle defects. Otolaryngologists have been concerned with hearing disorders, middle ear anomalies, and airway obstruction. Surgeons and orthodontists have also focussed on the occlusal and jaw abnormalities. These specialists, all concerned with HFM, are now beginning to work together, in no small part stimulated by the organization of craniofacial programs and multidisciplinary centers that have been encouraged by the American Cleft Palate–Craniofacial Association (ACPA).

The program committee of ACPA agreed it was time to discuss HFM, the second most common craniofacial malformation, at an annual meeting. James Lehman, the committee chairman, asked me to organize a "minisymposium" on the subject. These proceedings took place on April 29th, 1988, during the annual meeting of the Association in Williamsburg.

Five of twelve papers presented at that meeting are published in this issue of the Journal. The master syndromologist, M. Michael Cohen Jr. and his colleagues, Drs. Rollnick and Kaye, present compelling evidence that the term HFM is too restrictive; rather it is a multiple malformation

syndrome occurring in noncontiguous areas. With perspicacity, insight, and humor, the authors describe the problems of nosologic overlapping and clinical heterogeneity in this condition. They call attention to the high frequency of anomalies in the central nervous system, as well as in tissues outside the craniofacial region, particularly cardiac, renal, and skeletal. Many investigators believe that analysis of correlative data on those structures affected in HFM will yield clues to pathogenesis or, at least, provide an inkling as to timing of the morphogenetic errors. Using this approach, Bassila and Goldberg documented the association between sensorineural hearing loss, auricular malformation, and facial nerve paresis. Marsh and his colleagues applied sophisticated 3-dimensional surface reconstruction to patients with HFM to study the volume of the masticatory muscles and the osseous morphology of their origins and insertions. The wide range of their findings also emphasizes the phenotypic variability of HFM. Mulliken, Vento, and Ferraro present a retrospective analysis of changes in costochondral rib grafts used to construct the condyle-ramus in children with HFM. They examined serial panoramic radiographs and compared the percent elongation on the "normal" side to the constructed side. Data from the Toronto team presented by Munro, Phillips, and Griffin also studied growth of free costochondral grafts placed in children during the mixed dentition stage. Both the Boston and Toronto groups continue to advocate early correction of the mandibular deformity in HFM.

The term symposium comes from the Greek *symposion*. *Syn* (with) plus *posis* (a drinking) translates literally to a male-dominated banquet followed by speeches on a chosen theme. Our "microsymposium" convened in the morning, there were no restrictions on gender, and nothing stronger than fruit juice and coffee was served. Yet, like the ancient Greeks, we enjoyed a free exchange of interdisciplinary ideas. It was a privilege to serve as "symposiarch." I invite the reader to partake of the papers generated from this HFM feast.

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