

# ABSTRACTS

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**Centerwall, W. R., and Beatty-De Sana, Jeanne;** The trisomy 9 P syndrome. *Pediatrics*, 56, 748-755, 1975.

Twenty cases, including ten facial photographs, of Trisomy 9 P first described in 1970 are reviewed and tabulated. The Syndrome consists of wide-set and deep-set eyes with anti-Mongoloid slant, mildly globular nose, down-turned corners of the mouth, and retarded growth and development. (Glaser)

**Ching, G. H. S. and Chung, C. S.,** A genetic study of cleft lip and palate in Hawaii, Interracial crosses. *Amer. J. Hum. Genet.*, 26, 162-176, 1974.

This study on the incidence of oral clefts as related to interracial crosses was done in Hawaii. Incidence was elevated among groups with Hawaiian ancestry. The study

included Japanese, Japanese-Caucasian, Japanese-Hawaiian, and Caucasian-Hawaiian groups. There was a definite association between Hawaiian parentage and high incidence of cleft palate. In this study, the highest incidence was found for cleft lip and palate among Oriental groups, especially among Japanese and Filipinos. (Goldenberg)

**Chung, C. S., Ching, G. H. S., Morton, N. E.,** A genetic study of cleft lip and palate in Hawaii, complex segregation analysis and genetic risks. *Amer. J. Hum. Genet.*, 26, 177-187, 1974.

Results of this continuing study showed the heritability of cleft lip with or without cleft palate was unusually high in interracial unions, so much so that involvement of major genes was suspected. Sib recurrence risks for various combinations

of size and number of affected sibs showed that more critical information can be derived from families with familial cases and/or one or more affected parents. (Author's summary: Goldenberg)

**Converse, J. M., Mc Carthy, J. G., and Wood-Smith, D.** Orbital hypotelorism. *Plast. Reconstr. Surg.*, 56, 389-395, 1975.

Orbital expansion for hypotelorism is presented and conditions associated with hypotelorism reviewed. The procedure employed is essentially the reverse of that for narrowing the orbits. The authors feel it may be the first case so treated. (Cosman)

**Drotar, D., Baskiewicz, Ann, Irvin, Nancy, Kennell, J., and Klaus, M.;** The adaptation of parents to the birth of an infant with a congenital malformation: A hypothetical model. *Pediatrics*, 56, 710-717, 1975.

The parents of 20 children with a wide range of malformations including mongolism, congenital heart disease and cleft palate were interviewed between seven days to 60 months after birth. Despite the variation of malformations, there were the same five stages of parental reactions - shock, denial, sadness and anger, adaptation, and reorganization - in dealing with the congenitally malformed child during his development and care. These observations suggest that early crisis counseling in the first months of life may be particularly crucial to parental attachment and adjustment. (Glaser)

**Hinderer, U. T.:** Malar implants for improvement of the facial appearance. *Plast. Reconstr. Surg.*, 56, 157-165, 1975.

52 cases of silicone rubber implant employed for the augmentation of the malar eminence and/or zygomatic augmentation are presented. The possible application of the technique to congenital defects is obvious. (Cosman)

**Kaplan, E. N.** Soft palate repair by levator muscle reconstruction and a buccal mucosal flap. *Plast. Reconstr. Surg.*, 56, 129-136, 1975.

The most widely used palate repairs are reviewed and criticized. A method of palate reconstruction emphasizing the use of a levator muscle sling together with a buccal mucosal flap to line the raw nasal side of the retrocessed soft palate is presented. 35 cases have been treated in this way with 18 isolated clefts of the palate lined with a unilateral flap. Four cases required bilateral buccal flaps, and 13 of 17 palate clefts associated with unilateral-bilateral cleft lips were also lined with the unilateral flap. Complications have been minor. Speech results are not yet available. (Cosman)

**Matthews, D.** Rapid expansion in clefts. *Plast. Reconstr. Surg.*, 56, 396-401, 1975.

This is a follow-up report of 50 successful cases previously published in 1970. 30 of the 50 patients have been traced and re-examined. X-rays studies have shown that the bone graft previously employed has remained present and essentially identical in size. Only one case of collapse of the arch occurred in a patient who had the maxilla expanded and bone grafted but who became careless in the wearing of his denture. The author feels that the procedure is justified by its relief of nasal obstruction and reduction in frequency of otitis. (Cosman)

**Moller, P.,** Long-Term Otologic Features of Cleft Palate Patients, *Arch. Otolaryng.* 101, 605-607, 1975.

In 113 patients, 50 with both cleft lip and cleft palate and 55 with cleft palate, the otopathologic features and hearing impairment have been examined to evaluate the long-term results. Chronic otitis media was found in only 3 per cent of the ears, and cholesteatoma was found in only 1 per cent. A hearing loss of more than 30 db. was found in 6 per cent of 6-year-old patients, but the frequency was reduced 2 per cent in 15-year-old patients. These

results are favorable in comparison with the recent reports of serous otitis media in other groups of patients. (Author's abstract: Gregg)

**Musallam, S. S., Poley, J. R., and Riley, H. D., Jr.,** Apert's syndrome: A description and a report on seven cases. *Clinical Pediatrics*, 14, 1054-1062, 1975

This study reviews the clinical features, inheritance, treatment, and differential diagnosis of Apert's syndrome. (Glaser)

**Oberklaid, F., and Danks, D. M.,** The Opitz Trigonoccephaly Syndrome. *Amer. J. Diseases of Children*, 129, 1348-1349, 1975.

This is the third case reported of a syndrome of multiple congenital anomalies including close-set eyes with epicanthal folds, internal strabismus, narrow brow receding on either side of a prow-like prominence of the fused metopic suture, over which there is a V-shaped capillary hemangioma, upturned nares, long upper lip, receding chin, and low set ears with rolled pinnae. The palates are most remarkable consisting of a firm bone structure covered with a rugose mucous membrane, continuous and level with the alveolar margins. A fissure 1 to 2 mm wide and 5 to 6 mm high extends in the midline from the mid-bony palate to the uvula. There is no true palatal cleft. (Glaser)

**Onizuka, T.** Philtrum formation in the secondary cleft lip repair. *Plast. Reconstr. Surg.*, 56, 522-526, 1975.

Five procedures for philtrum formation at the time of secondary repair of cleft lip

deformities are discussed and diagrammed. Excision of muscle tissue from the central part of the upper lip and fixing the skin centrally to the periosteum or mucosa with a buried suture and a combination of that procedure with the development of a small vertical muscle flap rolled on itself to make lateral philtral column are the procedures the author has found to be most successful in creating the dimple and philtral ridge. (Cosman)

**Orton, C. I.** Loss of columella and septum from an unusual form of child abuse: case report. *Plast. Reconstr. Surg.*, 56, 345-346, 1975.

An unusual appearance with loss of columella and septum following obsessional neurosis concerning nasal hygiene on the part of a parent is demonstrated. The importance of recognizing this is not a congenital defect is the significant point in this unusual situation. (Cosman)

**Shaw, R. C., and Parsons, R. W.** Exposure through a coronal incision for initial treatment of facial fractures. *Plast. Reconstr. Surg.*, 56, 254-259, 1975.

Expanding on the experience gained through exposure of craniofacial defects via coronal subperiosteal flaps, the authors present a series of cases of facial fracture treated via this exposure. The possibility of combined intra- and extra-cranial procedures through this approach is obvious. The procedure may be of significance in selected cases in minimizing external scarring in visible portions of the face at the expense of a very significant incision above the hairline. (Cosman)

## ANNOUNCEMENTS

### **GUEST EDITORIAL**

### ***A Message from The 3rd International Congress On Cleft Palate***

One of the great accomplishments of The American Cleft Palate Association was the conception, organization and production of the 1st International Congress for Cleft Palate in Houston, Texas, in 1969. It was obvious at that Meeting there was a great need for the continuing interchange of ideas about the treatment and research needed to improve the management of cleft patients. The Scandinavian cleft palate therapists took the initiative in organizing a subsequent educational experience—the 2nd International Congress in Copenhagen, Denmark, in 1973. At the business meeting in Copenhagen, Toronto's invitation, representing Canadian cleft palate treatment and research efforts, to host a 3rd International Congress in 1977 was accepted.

Toronto is a fresh, clean, rapidly growing, new-world city of over two million people on the shores of Lake Ontario, one of the 5 Great Lakes. The downtown hotel, business, and shopping area is full of glistening, exciting, new, tall buildings. All this is within walking distance of The University of Toronto, Canada's largest University, and The Hospital for Sick Children. It is a pleasure for the 3rd International Congress Secretariat to invite our conferees to this metropolis and center of learning, particularly during the month of June, when this latitude's rapid spring burst of growth will be at its peak.

The 3rd International Congress will be based on the multidiscipline concept, not only as applied to cleft lip and palate, but also as applied to other craniofacial anomalies and related problems. The integral benefits of such an approach include: improved patient care, more meaningful investigative work and innovative approaches, academic stimulation, and built-in peer review. This team concept can be successful at the Congress only if attendance is truly representative of all countries and all disciplines. To this end, Dr. Ian Munro has worked hard to develop an expanded international contact list. There are interested people among the participating specialties who have never been informed of previous congresses. Over 8,000 initial announcements have been mailed. If you, or any of your associates, did not receive one, please let us know. We would like to make this Congress truly representative and comprehensive. Please send any member of the Secretariat suggestions you have to help accomplish this objective.

Our plans are well underway. We encourage you to prepare work to share

with your confreres in Toronto, June 5-10, 1977. We welcome you, offering the utmost in Canadian hospitality!

W. K. Lindsay, M.D., President,  
3rd International Congress on Cleft Palate

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## **THIRTY-FOURTH ANNUAL MEETING OF AMERICAN CLEFT PALATE ASSOCIATION**

The thirty-fourth annual meeting of the American Cleft Palate Association will be held on May 12-15, 1976, in San Francisco at the Hotel St. Francis.

Non-members of the Association may obtain registration information by writing to the Administrative Office, ACPA, 331 Salk Hall, University of Pittsburgh, Pittsburgh Pennsylvania 15261.

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## **SECOND INTERNATIONAL CONFERENCE ON THE DIAGNOSIS AND TREATMENT OF CRANIOFACIAL ANOMALIES**

The Second International Conference on the Diagnosis and Treatment of Craniofacial Anomalies will be held at New York University Medical Center, New York, New York on May 3-5, 1976, under the auspices of the Educational Foundation of the American Society of Plastic and Reconstructive Surgeons.

The Conference will focus on four major subject areas: 1. orbitocephalic malformations 2. craniofacial synostosis syndromes 3. mandibulofacial dyostosis 4. craniofacial microsomia.

For information write: John Marquis Converse, M.D., Director, Institute of Reconstructive Plastic Surgery, 550 First Avenue, New York, New York 10016.

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## **UNIVERSITY OF WASHINGTON OFFERS POSTDOCTORAL FELLOWSHIPS FOR INTERDISCIPLINARY CRANIOFACIAL RESEARCH TRAINING**

The University of Washington is offering postdoctoral fellowships for interdisciplinary craniofacial research training to develop teams of basic and clinical scientists to collaborate on problems relating to craniofacial anomalies, severe malocclusions, temporomandibular joint disturbances, and masticatory muscle dysfunction. Clinical specialists in otolaryngology, plastic and oral surgery, pediatrics, orthodontics, speech pathology, psychology, psychiatry, prosthodontists, and basic scientists in embryology, anatomy, biochemistry, genetics, physiology, and epidemiology will be considered. NIH stipends begin at \$10,000/year with renewal and stipend increments on an annual basis. Applicants must be U.S. citizens or noncitizen nationals. For further information, contact Benjamin C. Moffett and R. William McNeill, University of Washington, Department of Orthodontics, SM-46, Seattle, Washington 98195

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**AMERICAN SOCIETY OF PLASTIC AND  
RECONSTRUCTIVE SURGERY RESEARCH GRANTS  
ARE OFFERED**

The 1976 *Educational Foundation research grant awards* of the American Society of Plastic and Reconstructive Surgery are being offered now. Up to ten research grants of \$3,000.00 each will be awarded. All applications must be completed by June 1, 1976. For instructions on application please write to: I. Kelman Cohen, M.D., Division of Plastic Surgery, Medical College of Virginia, Richmond, Va. 23298.

**THIRD INTERNATIONAL  
CONGRESS ON CLEFT PALATE  
. . . and other CRANIOFACIAL  
ANOMALIES**

**TORONTO-CANADA**

**JUNE 5-10, 1977**

**William K. Lindsay, M.D., President**

**Congress Secretariat:  
Room 2221  
The Hospital for Sick Children  
555 University Avenue  
Toronto, Canada M5G 1X8**

# TOPICAL INDEX OF ABSTRACTS FROM THE CLEFT PALATE JOURNAL Volume 12 (1975)

J. Douglas Noll,  
National Abstracts Editor

The titles and reference notations of all abstracts which appeared in Volume 12 (1975) of the *Cleft Palate Journal* are included in this listing. The articles are shown in alphabetical order according to the last name of the senior author. The location of the abstract in the *Cleft Palate Journal* appears after the reference, in terms of volume, issue number, date, and page(s). For example, the first entry is: Adkins, W. Y. and R. Gussen, Temporal bone findings in the third and fourth pharyngeal pouch (Di George) syndrome. *Arch. Otolaryng.*, 100, 206-208, 1974. Following this, the notation reads: 12(1), Jan 75, 158. This means that the abstract of that specific article is in Volume 12, issue number 1, January 1975, page 158 in the *Cleft Palate Journal*.

Based upon the content of the abstract, each abstract was assigned to one or more of the topics listed below in the index. For example, abstract number 2 (Atherton, J. D., The natural history of the bilateral cleft. *The Angle Orthodontist*, 44, 269-277, 1974. 12(2), Apr 75, 247-248) is included under the index topics of Anatomy, Embryology and Morphogenesis, Growth and Morphology, and Surgery (Miscellaneous), as shown by the fact that the number of 2 appears under each of these four headings in the index below.

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1. ADKINS, W. Y. and R. GUSSEN, Temporal bone findings in the third and fourth pharyngeal pouch (DiGeorge) syndrome. *Arch. Otolaryng.* 100, 206-208, 1974. 12(1), Jan 75, 158.
2. ATHERTON, J. D., The natural history of the bilateral cleft. *The Angle Orthodontist*, 44, 269-277, 1974. 12(2), Apr 75, 247-248.
3. BARROW, M. V., and A. J. STEFFEK, Teratogenic and other embryotoxic effects of -aminopropionitrile in rats. *Teratology*, 10, 165-172, 1974. 12(4), Oct 75, 466.
4. BEAUDOIN, A. R., Teratogenicity of sodium arsenate in rats. *Teratology*, 10, 153-158, 1974. 12(4), Oct 75, 466-467.
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13. CALABRESE, C. T., R. B. WINSLOW, and R. A. LATHAM, Altering the dimensions of the canine face by the induction of new bone formation. *Plastic Reconstr. Surg.*, 54, 467-470, 1974. 12(2), Apr 75, 248.
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21. COSMAN, B. and ARLENE S. FALK, Pharyngeal flap augmentation. *Plast. Reconstr. Surg.*, 55, 149-155, 1975. 12(3), Jul 75, 331.



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38. GALE, T. F. and V. H. FERM, Skeletal malformation resulting from cadmium treatment in the hamster. *Biol. Neonate*, 23, 149-160, 1973. 12(2), Apr 75, 249.
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41. GREER, D. M., JR., C. E. MOORE, and PAT COLEMAN, Orthoplast headcap for external fixation of facial fractures. *Plast. Reconstr. Surg.*, 54, 614-615, 1974. 12(2), Apr 75, 249.
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