

# ABSTRACTS

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**Arons, M. S.;** Another method for secondary correction of whistling deformities in double cleft lips. *Plastic and Reconstructive Surgery*, Vol. 47, 389, 1971.

Two V-shaped sulcus based flaps are marked out on either side of the whistling deformity, incised and turned down. Thereafter the central portion of the defect is elevated like a window shade or as an advancement-roll-up flap. The two lateral flaps are interdigitated beneath the central flaps. This technical variant of previously employed procedures may be ac-

ceptable for minor degrees of the deformity. (Cosman)

**Bartels, R. J., O'Malley, J. E., Baker, J. L., & Douglas, W. M.;** Naso-ocular clefts. *Plastic and Reconstructive Surgery*, Vol. 47, 351-353, 1971.

The naso-ocular cleft which is a fissure extending from the nasal region toward the medial angle of the palpebral fissure is distinguished from the oro-ocular cleft which extends from the mouth to the orbit without involving the nose. The authors in their review of the literature have found

only 11 previously reported naso-ocular clefts. Their treatment of 2 additional patients is discussed and depicted. (Cosman)

**Biron, G. E.;** Squamous cell carcinoma of the floor of the mouth. *Pennsylvania Dental Journal*, 38, 12-16, 1971.

This is a report of the clinical picture, histology, and treatments available for the lesion of squamous cell carcinoma of the floor of the mouth, with evidence supporting reconstructive surgery where indicated immediately following the en bloc surgical removal of the primary lesion in continuity with cervical lymph node metastases. (Author's Summary: Lass)

**Black, P. W., Bevin, A. G., & Arnold, P. G.;** One-stage palate reconstruction with a free neo-vascularized jejunal graft. *Plastic and Reconstructive Surgery*, Vol. 47, 316-320, 1971.

In a post carcinoma excision patient with a massive palate loss the authors performed a free jejunal segment transplant with the jejunal vessels passed through the cheek and anastomosed to the superficial facial vessels with the aid of a Nakayama Instrument. The jejunal segment was opened out and the serosal surface faced to the nasal cavity and skin grafted. Ultimate healing occurred and an arteriogram demonstrated the patency of the vascular anastomosis and the vascular pattern of the jejunal graft on the tenth post operative day. The fate of the mucosa within the oral cavity and the problems relative to mucous production are not mentioned but the procedure appears to be an interesting and impressive technical feat. (Cosman)

**Chang, T. & Coursin, D. B.;** In vitro growth and oxygen uptake of fibroblasts from cleft and normal palate tissues. *Journal of Dental Research*, 50, 119-124, 1971.

The growth and respiratory activity of

the explants and fibroblasts from normal and cleft palate tissue were studied to determine if there was a relationship between human cleft conditions and abnormal biochemical mechanisms. The in vitro behavior of human palate explants and fibroblasts is similar to those of other human tissues. This preliminary report demonstrates that biochemical and tissue culture techniques can be used to investigate a variety of dental problems. (Luban)

**Gorlin, R. J. & Sedano, H.;** Cleft lip and/or palate and congenital lip fistulas. *Modern Medicine*, 39, 164-165, 1971.

The authors have presented a short discussion of the subject of cleft lip-palate problems which are associated with lip fistulae, accompanied by two illustrative photographs. (Gregg)

**Jaffe, B. J. & DeBlanc, C. B.;** Sinusitis in children with cleft lip and palate. *Archives of Otolaryngology*, 93, 479-482, 1971.

When 21 Navajo children with cleft lips and cleft palates were examined clinically and radiologically, 62% were found to have maxillary sinusitis. Maxillary sinusitis was present in only 14% of a control group of 21 Navajo children. Maxillary sinusitis may be congenital or acquired, related to regurgitation of food and saliva, or related to structural anomalies of the nasal septum, nasal turbinates, or maxillae. Medical management of sinusitis is recommended with antral irrigations as needed. The role of surgery is uncertain at this time. (Author's Summary—Gregg)

**Kapetansky, D. I.;** Double pendulum flaps for whistling deformities in bilateral cleft lips. *Plastic and Reconstructive Surgery*, Vol. 47, 321-323, 1971.

Island flaps from within the substance of the lateral segments of a patient with

a bilateral cleft lip repair are mobilized and moved in pendular fashion toward the midline to make up the central defect. The donor areas are closed in a V-Y advancement technique. The procedure appears to be a worthwhile addition to those previously reported for the repair of this post cleft lip surgical deformity. (Cosman)

**Leck, I.;** Further tests of the hypothesis that influenza in pregnancy causes malformations. *HSMHA Health Reports*, 86, 265-269, 1971.

Statistics concerning children born 26 to 40 weeks after four influenza epidemics in Birmingham, England between 1957 and 1965 were found to resemble published U.S. data in showing increases in the incidence of reduction deformities of the limbs following outbreaks of A2 influenza and of cleft lip without cleft palate after each epidemic except for the first caused by the A2 strain. In England and Wales, epidemics in both 1966 and 1968 were followed by increases of more than 10 per cent in the incidence of defects in these two categories reported to the General Register Office, but the other malformations associated with influenza in previous British studies showed no such increase. Both the U.S. data and those for Birmingham and for England and Wales as a whole were used to compare the incidence of lip and limb defects in different phases of the periods 26 to 40 weeks after epidemics. The increases in incidence during these periods did not seem to be confined to children who were at any particular stage of development during the epidemics, which suggests that the association between influenza and these defects is unlikely to be casual. (Author's Summary: Goldenberg)

**Millard, D. R., Jr.;** Closure of bilateral cleft lip and elongation of columella by two operations in infancy. *Plastic and Reconstructive Surgery*, Vol. 47, 324-331, 1971.

The author describes his present approach to the bilateral cleft lip repair which involves the initial turndown of prolabial vermillion and a first stage of a forked flap elevation. The components of the prolabium, i.e., the forked flap elements and the future philtrum are dissected from the premaxilla up to the nasal spine and the lateral lip segments, after appropriate baring of vermillion, are advanced beneath and sutured in the manner previously described by Schultz. The forked flaps are "banked" in the nasal floor. At a second stage the nose is elevated and the redundant tissue used in a fashion similar to that described by Cronin. The details of the operative procedure and some early post operative results are depicted. (Cosman)

**Rosenzweig, S. & Blaustein, F. N.;** Cleft palate in CD-1 mice from restraint and deprivation of food and water. *Journal of Dental Research*, 50, 503, 1971.

The incidence of cleft palate caused by restraint and fasting was less in CD-1 mice than in the A/Jay strain. Since the response to cortisone was the same in both strains, this would suggest that the stress-cortisone relationship does not hold. (Luban)

**Soni, N. N., & Messer, K. B.;** Determination of growth rates by tetracycline labeling in guinea pig palates. *Journal of Dental Research*, 50, 479-484, 1971.

Planimetric analysis indicated that the percentage of labeled bone was higher in the palatal alveolar process than in the median palatine suture. This indicates that certain parts of the palate have a higher rate of bone formation, and this may be of some significance in the planning of orthodontic treatment. (Luban)

## SERVICE AWARD OF THE ASSOCIATION

The first Service Award granted by the American Cleft Palate Association was awarded to Hughlett L. Morris, Ph.D. at the annual Association luncheon at Chatham Center, Pittsburgh, Pennsylvania on April 23, 1971. The presentation was made by D. C. Priestestersbach, Ph.D., Dean of the Graduate School, The University of Iowa. The Award is as follows:

Hughlett Morris served as Editor of the Association from 1962 until 1970. During his first two years in office he developed the plans for the *Cleft Palate Journal*. The first issue appeared in January, 1964. In the succeeding six years he was responsible for 26 issues of the *Journal* which totaled 3355 pages consisting of 292 articles, 70 by foreign authors, from 20 major areas. To quote from Asa Berlin, Historian of ACPA:

"The *Journal* was immediately so unexpectedly successful that a second printing of the early issues had to be made. In a short time the number of subscriptions to the publication exceeded the membership in the organization. Manuscripts which had been withheld before now flooded the editor, and publication dates had to be set as long as a year ahead. The content continued to reflect the basic Association philosophy of interdisciplinary communication."

While authors supply the substance of any publication, the editor sets the standards for quality both substantively and esthetically. The growing esteem in which the *Journal* is held provides testimony to Hugh Morris's achievement. The ingredients for that achievement were tact, understanding of the disparate interests and skills represented in the Association, a facility with language, a willingness to stand by his convictions on standards, and an inordinate dedication to the task. That dedication caused him to contribute more than the equivalent of a year of his personal time to the development of an effective vehicle for interdisciplinary communication in the areas of our interest and concern.

The *Cleft Palate Journal* is perhaps the single most powerful influence on the success of the Association's goals. Because of the model developed by Hugh Morris for the *Journal*, the Association has profited enormously. This award represents an expression of its eternal gratitude.

## **ANNOUNCEMENTS**

### **ELEVENTH WESTERN MEDICAL MEETING OF MEXICO. Plastic Surgery Section**

A Postgraduate Course on Cleft Palate has been organized as the section of Plastic Surgery of the Eleventh Western Medical Meeting of México. This meeting will be held November 2 to 6, 1971 at the Medical School of the University of Guadalajara. All communications should be addressed to: J. Guerrero-Santos, Morelos 1776, Guadalajara, Jal., México.

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### **CLEFT PALATE REHABILITATION TAPES**

How to rehabilitate cleft palates in children is the subject of two videotapes recently made available as training aids for speech pathologists.

The Cleft Palate Rehabilitation tapes were produced for the Oregon Division of Continuing Education by Dr. Robert Blakeley, Director of Clinical Services in Speech Pathology and Audiology, University of Oregon Medical School.

The practical tapes are specifically designed to teach the clinician "how to do it." They stress how to assess and treat the speech and language problems of the child with a cleft palate. A 16mm film on the subject will soon be available, also, to add more versatility to instructional aids in the field. For more information, contact Dr. Paul Ventrua, c/o DCE, Box 1491, Portland, Oregon 97207. Phone (503) 229-4828.

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### **AMERICAN INSTITUTE OF ORAL BIOLOGY TO HOLD 28th ANNUAL MEETING IN CALIFORNIA**

The 28th Annual Meeting of The American Institute of Oral Biology will convene in Palm Springs, California, November 5-9, 1971 (Friday-Tuesday), at the Spa Hotel. The Institute is principally to bring together a group of eminent authorities in the fields with specific pertinence to the modern practice of dental surgery.

For further information and application forms, please write to Dr. James A. Ducasse, Membership Chairman, P. O. Box 897, Glendora, California 91740.

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### **CRANIO-FACIAL SOCIETY TO BE FORMED IN ENGLAND**

A meeting, primarily to consider the formation of a Cranio-Facial Society, was held at the Birmingham Regional Plastic Unit, Wordsley Hospital, England, on Wednesday, 21st April, 1971 and was attended by 50

people. The theme for the morning was the rationalization of cleft palate treatment. During the afternoon other abnormalities of facial growth were considered.

At the conclusion of the meeting it was agreed that a Cranio-Facial Society should be formed, although it was felt desirable that this should remain on a relatively informal basis so as to permit as wide a range of membership as possible.

Annual Meeting American Cleft Palate Association Towne House Phoenix, Arizona April 13, 14, 15, 1972
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