

UNILATERAL CLEFT LIP REPAIR: A SYSTEMATIC REVIEW

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Patients with unilateral cleft lip (UCL) have a significant deformity even when the cleft is minor or incomplete ⁽¹⁾. The cleft-side will display features as shortness of the normal side of the lip ^(1, 2) as well as a deficiency of skin, muscle, mucosa, and vermillion. Although the Cupid's bow is present it is rotated upward in cephalad direction ^(1,3). A number of studies described the abnormal arrangement of the muscle fibers that tend to run parallel to the cleft instead of traversing across the lip ^(4,5).

In patients with complete UCL, the transverse nasalis muscle of the nose and the orbicularis oris muscle on the cleft side fail to insert on to the anterior nasal spine, nasal septum and median incisive suture. The absence of correct insertion on the medial side of the cleft of both these muscles is directly responsible for the deviation of the nasal septum towards the non cleft side. In addition; the abnormalities of the white roll, vermillion as well as under development of the premaxilla on both sides of the median inter-incisive suture are also considered secondary to this deformity ⁽⁶⁾.