

COMPARISON BETWEEN MILLARD AND FISHER TECHNIQUES FOR REPAIR OF UNILATERAL CLEFT LIP IN PEDIATRIC

Age Group: A Prospective Study

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Introduction

The presence of unilateral cleft lip is one of the most common congenital deformities of head and neck. Causes of CLP are multifactorial and involve genetics, environmental factors, and teratogens. Cleft lip could be detected with ultrasound around the 13th week of pregnancy. A total incidence of 0.40/1000 of cleft defects was found in Egypt. The highest incidence of cleft defects was found in Luxor governorate of 0.50/1000 while, the incidence of clefts in Cairo and Aswan was 0.47 and 0.12/1000 respectively. In 1938, Dr. Victor Veau presented a fundamental principle regarding the reconstruction of the muscle layer. First, the basis of the repair is the release and repair of the muscle layers. Second, he emphasized the repair of the nasal floor and sill after creating a foundation with underlying musculature. Further, like others, he advocated the preservation of the cleft tissue during the repair.

Aim of the work

The aim of the work is to compare Millard and Fisher techniques and assess the esthetic results of both techniques in the repair of unilateral cleft lip in pediatric age group.

Patients and Methods

Our study is a prospective study. It included 54 patients with unilateral cleft lip and was divided into two groups .Group 1: included 27 Patients treated by Millard technique. Group 2: included 27 patients treated by Fisher technique. All patients subjected to the following: Complete history taking ,

Demographic data ,assessment of associated congenital anomalies, Clinical systemic examination was done and required investigations were done as neededchest x ray – echo.

Results

Table (1): Comparison between the two groups according to demographic data

Demographic data	Group I (n = 27)		Group II (n = 27)		Test of sig.	p
	No.	%	No.	%		
Age (months)						
Min. – Max.	9.0 –4.0		10.0 –4.0		t=2.725*	0.009*
Mean ± SD.	1.47 ±5.19		1.99 ±6.48			
Median (IQR)	6.0) –5.0 (4.0		–6.0 (5.0 8.0)			
Weight (kg)						
Min. – Max.	10.0 –4.50		10.0 –4.0		t=2.358*	0.022*
Mean ± SD.	1.55 ±5.70		1.85 ±6.80			
Median (IQR)	6.50) –5.0 (4.50		6.50 (5.25 8.70) –			



Fig (1): Scar appearance in a case operated by millard technique

Conclusion

Fisher anatomical subunit approximation technique in unilateral cleft lip repair has superior results over Millard technique regarding scar appearance cupid's bow and lip length but equal results regarding nostril symmetry and cutaneous roll.