DOI: 10.1051/odfen/2012301

J Dentofacial Anom Orthod 2012;15:401
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Foreword

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Editor-in-chief of this Issue

In this second issue devoted to labio-maxillo-palatal clefts, we shall continue to emphasize the informational aspect that characterized the first issue. After presenting the specific fundamentals of management or clefts, we shall carefully consider the complementary disciplines that share in the overall care of cleft palate patients.

Professionals begin medical observation of cleft patients before they are born when ultrasound examinations reveal the presence of a congenital facial anomaly. Doctor Pascale Bach-Segura, a radiologist, in the obstetrical service of the Nancy regional maternity department, describes for us the diagnostic tools available and the difficulties that accompany announcing to parents that their unborn child has a congenital malformation.

The maxillo-facial surgery team of the Trousseau Hospital synthesizes the controversies and requirements of primary treatment of gaps in alveolar continuity before presenting procedures employed for correcting them in chronological order. They particularly emphasize the importance of diagnosis, of individualized treatment management, and of the evaluation of three-dimensional reconstructed imagery.

In the first issue of the *Journal of Dentofacial Anomalies and Orthodontics* devoted to clefts we reviewed the importance of the teeth in the morphology, growth, and therapy of cleft patients.

In this issue Olivier Matern *et al.* recall for us the increased number of anomalies these children have in the number and shape of their teeth. In their article they present an original hypothesis that closely relates the pathogenesis of congenital absence of teeth to the clefts themselves. At a later stage of treatment, the patients frequently require prosthetic rehabilitation of their occlusions, often accompanied by orthodontic therapy.

The maxillo-facial surgery team of the Nancy Central Hospital (CHU

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Article available at http://www.jdao-journal.org or http://dx.doi.org/10.1051/odfen/2012301

Nancy) describes the problem using numerous examples. Because of the great variability of their clinical characteristics, it is difficult to construct a standard protocol, they explain, adding that the eventual rehabilitations have to deal with varying degrees of complexity so that techniques cannot be considered in specific terms.

Jean-François Baron, a maxillo-facial surgeon, shows the importance of the first steps taken in treatment of clefts. Thanks to his unique experience in an island community, he was able to note that even though anatomic adhesions frequently follow surgical intervention, failure to provide early treatment to cleft patients leads to unfortunate functional and morphological repercussions that handicap patients in their attempts to take useful part in social life and academic studies. That is why no ideal standards can be set for anticipated results because clinical reality often turns out to be quite different from theoretical concepts. With all these difficulties looming over treatment, the treatment team should heartily invite patients and their parents to take an active part in the cultural as well as the medical aspects of treatment.

In the past, because many orthodontists were strict followers of one technique or ''philosophy'' of treatment, dogma played too great a role in their therapeutic choices. But today modern university training has emancipated them from slavish adherence to a single doctrine.

In a fascinating report on the first controlled study in medical history, Michel Amoric reminds us of the importance of rigorous methodology in dental science in order for progress to continue the treatment of labio-maxillary-palatal clefts, like any other therapy, must scrupulously obey this rule.

The editorial committee responsible for these two issues of the *Journal of Dentofacial Anomalies and Orthodontics* devoted to clefts hopes we have provided you with means to enlarge your understanding of this important subject even though some this information may have raised your inhibitions and anxiety levels in dealing with difficult cases.