

# Secondary Bone Grafting In The Management of Unilateral Alveolar Clefts

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The clinical management of patients with cleft lip and palate has improved remarkably in the past few years. With plastic and oral surgical procedures widely available today, most adolescents and young adult patients with these deformities undergo soft tissue procedures in correction of cleft lip and palate. However, an important factor in the treatment of cleft of the primary palate is the reconstruction of the alveolar process. It is generally agreed that definite dental rehabilitation of patients with anterior palatal and alveolar clefts has been less than satisfactory.

Associated with the alveolar clefts there is often an oronasal fistula, which permits food and liquids to enter the nose. The aberrant morphology of the alveolar process gives poor support to the alveolar base of the nose. The teeth in the cleft region do not erupt in their correct position and lack proper bone support. Cleft palate rehabilitation with bone graft to the alveolar cleft defect has undergone a significant advance in the last 20 years. (The graft procedure is well documented and commonly used in the western countries). Currently many cleft palate centres using primary bone grafts have reported its adverse effect on growth of the maxillary segment.