Rare Appearance of Median Cleft Lip and Palate Presented with Tongue Mass

Rowan Faisal Humeda Saeed 1*, Mohamed Salim 2 and Husam Eldin Ahmed

1BDS, International Relations Officer, Sudan Medical Specialization Board, Sudan
2BDS, MFD, MFDS, Resident of OMFS (Arab Board)
3BDS, MD of OMFS at Khartoum Dental Teaching Hospital

*Corresponding Author: Rowan Faisal Humeda Saeed, BDS, Internship at OMFD at Khartoum Dental Teaching Hospital, International Relations Officer at Sudan Medical Specialization Board, UNDP SDGs advocate, Moremi fellow 2015, Sudan Tel: +249914822700, Email: Rowan-faisal@hotmail.com

Abstract

Median or midline cleft lip is defined as any congenital vertical cleft through the centre of the lip. It can occur as a sporadic event, or as a part of an inherited sequence of anomalies. It arises due to incomplete merging of the median nasal prominences which form the inter-maxillary segment [1]. Cleft palate: is an opening in the roof of the mouth due to a failure of the palatal shelves to come fully together from either side of the mouth and fuse during the first months of development as an embryo. The opening in the palate permits communication between the nasal passages and the mouth. Surgery is needed to close the palate [2].

This case report describes a very rare presentation of median cleft of the upper lip and median cleft palate with obvious nasal septum, in addition to a mass found in the tongue described as raised circular lesion with a lighter color than the surrounding mucosa, a broad nose with lack of nasal bridge, and wide ala with hypertelorism, frontal bossing with Medline depression of the frontal bone. Presentation and surgical technique of Millard for treating this case.

Keywords: Median cleft lip, Median cleft palate, Tongue mass, Hypertelorism

Introduction

Background of the disease

A median cleft lip is an anomaly that presents with a congenital vertical cleft through the center of the upper lip. The incidence has been reported to be 0.43%-0.73% in the cleft lip population and 1:1,000,000 in the general population [3,4], the developmental origin of a median cleft of the upper lip is unclear. However, it is caused by mal-fusion of the medial nasal prominences which can also involve the pre-maxillary bone, the nasal septum, and the central nervous system, causing flat nose, median alveolar cleft, hypertelorism or hypertelorism, monophthalmia, and proboscis. The spectrum of median cleft lip varies from a simple central veniullion notch to a wide complete cleft. Cleft palate is an opening in the roof of the mouth, the tissue that makes up the roof of the mouth does not join correctly. In this case the cleft lip is presented clinically with median cleft palate and the nasal septum is clinically noticeable during clinical examination. In adding together to the firm circular raised mass found in the tongue in which it was lighter in color compared to the surrounding mucosa.

Patient Assessment

The patient is 37 years old, a widow that lives in east Darfur state, mother of 5 children. She has a total of 11 siblings of boys and girls. She was found by an NGO and helped her to come to the capital to seek for treatment. According to her saying she was born with median cleft lip, palate and tongue lesion and lived compatible with it, even she didn't complain of any obscurity except of eating and drinking difficulties in which she got adapted to with years, esthetics wasn't her concern.

Her family didn't have any history of clefts, her father passed away with Diabetes melitis, mother with hypertension and dysrhythmia. According to her past medical history she had an allergy to tetracycline, abnormal heartbeat, back pain and heart bum in her stomach.

In the extra oral examination; a visible depression in her frontal process, strabismus in her eyes, lack of nasal bridge and presence of median cleft lip. Upon the intra oral
examination; she is experiencing a poor oral hygiene causing gingivitis. The unique characteristic in the middle of the tongue is a raised lesion that is circular and lighter in color measured up to the surrounding mucosa, which was found since birth, didn’t increase or decrease in size and not associated with bleeding. In the roof of her mouth there is complete cleft palate and apparent nasal septum. The operation was done using Millar technique, for best
treatment option regarding the median cleft lip and palate, excision to the sessile firm mass with margins measuring 3X3X2cm, laboratory investigations reviled its result as pyogenic granuloma. The patient arrested post operatively for 2 times then regained consciousness and stable.

After the surgery by one day, the patient experienced swelling in her tongue which was manageable by dexamethasone to decrease the swelling but she was recovering well from the muscle relaxant , and then the patient was extubated by anesthesiologist specialist. After a while the patient arrested again but she responded after 1 cycle, during arrest she was given; adrenaline 1 mg, hydrocortisone 100 mg, chlorphenamine 10 mg, normal saline 500 ml andre-intubated immediately.

Discussion
The rare presentation of this case, accruing as median cleft lip, and median cleft palate and tongue mass with suspected underlying cardiac defect or syndrome due to two cardiac arrest post operatively, we couldn’t manage to do genetic counseling due to the patient’s inability to travel again to the capital. We presented this case to nourish the knowledge about its occurrence, though it’s quite rare and the technique of Millar worked very well in this underlying condition. To find a suitable surgically technique to suit all cases of median cleft lip and palate with tongue mass it’s quiet hard, highlighting the fact that to create a proper midline lip tubercle is critical and needs effort, that’s why each case needs to be pre assessed in details to acknowledge which surgical technique will provide the best treatment option to the patient. A written consent was taken from the patient, to processed treatment, but we highly recommend is to do full cardiac assessment by cardiologist before processing any further surgical treatment, for avoidance of any operative complications which happened in this case (Figure 1).

References
2. Medicine.com , medical definition of cleft palate