

11/10/17

QUESTIONS – AUDIOVISUAL LECTURES

	YES	NO
1. How does the skeletal and muscular face develop?		
a) Undifferentiated mesenchymal cells migrating from the neural crest?	_____	_____
b) Local cells in the face fail to develop?	_____	_____
c) Do all faces with lip and palate clefts have the full amount of bone tissue or are they deficient in bone tissue?	_____	_____
d) Does the extent of bone deficiency vary?	_____	_____
e) Is the cleft midface recessive at birth?	_____	_____
2. How quickly does the face develop in utero?		
a) 0 to 5 weeks of pregnancy?	_____	_____
b) 5 to 8 weeks of pregnancy?	_____	_____
c) 9 to 12 weeks of pregnancy?	_____	_____
3. Which racial type has the greater chance of clefting?		
a) African American?	_____	_____
b) Caucasian?	_____	_____
c) Asian?	_____	_____
4. Do males and females usually have the same percentage of cleft types?	_____	_____
5. Do all palates in a certain cleft palate type have the same degree of bone deficiency?	_____	_____
6. Does the primary and secondary palate develop from the same source?	_____	_____
7.		
a) Do the lateral palatal segments develop from a vertical position on each side of the tongue?	_____	_____
b) Does palatal segmental elevation depend on tongue position and its mandibular growth?	_____	_____
c) Can a micrognathic mandible be the cause of cleft palate?	_____	_____
d) Does the palatal segments elevate posteriorly -> anteriorly?	_____	_____
e) Does palatal fusion occur:		
1) At the same time?	_____	_____
2) Posteriorly -> anteriorly?	_____	_____
3) Anteriorly -> posteriorly?	_____	_____
8.		
a) Do all palates within the same cleft type have the same proportionate amount of cleft size to mucosal covered palate medial to the alveolar ridge?	_____	_____
b) Less proportionate bone of various degrees?	_____	_____

	YES	NO
9. Can the premaxillary size vary?		
a) Due to number of teeth?	_____	_____
b) Be always symmetrical in size?	_____	_____
c) Not have any teeth?	_____	_____
10. PREMAXILLARY PROJECTION		
a) Vary in anterior projection degree from the lateral palatal segments?	_____	_____
b) Vary due to differences in growth at the premaxillary vomerine suture (PVS)?	_____	_____
c) Can united lip pressure retard PVS growth?	_____	_____
d) Can a bodily retracted premaxilla occur from pressure by a presurgical orthopedic appliance (PSA)?	_____	_____
e) PSA has no effect on the PVS and midfacial forward growth. It can always continue at a normal rate and degree?	_____	_____
f) The 'bodily' retracted premaxilla may have a synostosis at the PVS?	_____	_____
g) Can the retruded premaxilla still be advanced out of crossbite?	_____	_____
h) There is no negative midfacial response at PVS if the premaxilla is 'ventroflexed'?	_____	_____
i) Lip adhesion causes 'bodily' premaxillary retraction as well as a premaxillary ventroflexion?	_____	_____
j) Elastic forces against the protruding premaxilla act the same way as lip adhesion?	_____	_____
k) A bony bridge created by gingivoperiosteoplasty after closing the lateral incisor space prevents premaxillary advancement and crossbite correction?	_____	_____
11.		
a) Upper and lower anterior arch congruency can only be attained when the lateral incisor space(s) are present?	_____	_____
b) After premaxillary ventroflexion does synostosis of the PVS occur?	_____	_____
c) After premaxillary ventroflexion only some inflammation at the PVS occurs but no synostosis??	_____	_____
d) After premaxillary ventroflexion secondary alveolar bone grafts (SABG) can replace missing bone at the lateral incisor space(s)?	_____	_____
e) SABG utilizes:		
1) cortical bone alone?	_____	_____
2) using medulary bone alone?	_____	_____
3) using both types of bone together?	_____	_____
f) Is premaxillary palatal segmental stabilization attained after SABG?	_____	_____
g) Is palatal form stabilization required after SABG as well as after palatal expansion?	_____	_____

	YES	NO
12. FACIAL GROWTH		
a) Does the facial growth pattern determine whether the premaxilla should be ventroflexed or bodily retracted or surgically set back ?	_____	_____
b) What is to be done to the protruding premaxilla:		
1) ventroflexed? ?	_____	_____
2) bodily retruded?	_____	_____
13. In CUCLP and CBCLP		
a) After lip adhesion does the anterior or buccal crossbite prevent palatal growth?	_____	_____
b) Does anterior and buccal crossbite occur after NAM & GPP?	_____	_____
c) Can this happen after NAM alone:		
1) Depending on the effect at the PVS in CBCLP?	_____	_____
2) Some times in CUCLP?	_____	_____
d) In non orthopedic cases does arch expansion in CBCLP & CUCLP require palatal expansion then retention?	_____	_____
e) Does SABG prevent relapse in arch form?	_____	_____
f) In CBCLP if the palatal segments are positioned behind the protruding premaxilla:		
1) Is the palate prevented from growing?	_____	_____
2) Must the lateral palatal segments be immediately expanded and the premaxilla retruded?	_____	_____
14. PRESURGICAL ORTHOPEDICS		
a) The Latham –Millard presurgical orthopedics with periosteoplasty followed by lip adhesion (POPLA)		
1) Causes severe midfacial growth disturbance?	_____	_____
2) Causes no facial growth problems?	_____	_____
3) Are there any longitudinal studies to support use of the procedure?	_____	_____
b) Nasoalveolar Molding + Gingivoperiosteoplasty		
1) Is it a modification of POPLA and can also cause midfacial growth problems by causing synostosis of the PVS?	_____	_____
2) Causes negative facial/occlusal development in all cases?	_____	_____
3) Are there any longitudinal objective records to support its use?	_____	_____
4) NAM alone in CUCLP cases can be satisfactorily used but only in some CBCLP cases when it is limited to premaxillary ventroflexion?	_____	_____
15. PROTRACTION FACIAL MASK		
a) Can be successfully used in the:		
1) Deciduous dentition to correct maxillary recessiveness in some cases?	_____	_____
2) Mixed dentition to correct maxillary recessiveness or anterior crossbite?	_____	_____
3) Adult dentition to correct maxillary recessiveness or anterior crossbite in some cases?	_____	_____

	YES	NO
b) Protraction forces have to emanate from		
1) The maxillary cuspid area in all cases?	_____	_____
2) From the molar area?	_____	_____
3) From both the cuspid and molar area in very few cases?	_____	_____
c) Limited to correct anterior crossbites in most cases?	_____	_____
d) Can correct Class 3 in only some cases?	_____	_____

16. NASOPHARYNGEAL SPACE

a) VPI is mainly caused by the late closure of the palatal cleft?		
1) After 6 months?	_____	_____
2) After 12 months?	_____	_____
3) After 2 years in most cases?	_____	_____
b) VPI only involves inadequate velar size?	_____	_____
c) Spinal form is an important factor to be considered?	_____	_____
d) The position and size of the tubercle at the first cervical vertebrae is not a factor in causing VPI?	_____	_____
e) The normal size and position of the palate within the face is important?	_____	_____
f) Can the scarred hard palate fail to descend to a proper velar position and influence velar position and function?	_____	_____
g) Can one or both lateral pharyngeal muscles be a factor in VPI?	_____	_____
h) Where to attach the velar flap to the retropharyngeal wall?	_____	_____
i) Does the flap's width determine success or failure of VPI surgery?	_____	_____
j) Can the angle of the cranial base be a factor in causing either hypernasality or hyponasality?	_____	_____

17. PALATAL GROWTH

a) The velocity of palatal growth is always limited to 6 to 12 months of age?	_____	_____
b) To 18 to 24 months in well treated and normal cases?	_____	_____
c) Do all cleft types have the same degree of palatal bone deficiency?	_____	_____
d) Is cleft size the same after molding is complete and crossbite corrected?	_____	_____
e) Can some surgical procedures reduce palatal growth?	_____	_____
f) Can some presurgical prosthetic procedures stimulate palatal growth and reduce the cleft space?	_____	_____
g) Can palatal surgery performed at 18 to 24 months lead to speech that requires speech therapy in most cases but leads to good facial growth?	_____	_____
h) Can palatal surgery at 36 to 48 months as reported by European speech therapists lead to good speech with minimum therapeutic needs?	_____	_____
i) Can palatal closure be delayed two years to obtain good facial/palatal growth as well as speech?	_____	_____
j) Be delayed to 3 years to obtain good growth as suggested by Goteborg?	_____	_____

	YES	NO
18. What are the three main factors to be considered in Treatment Planning:		
a) 1) Facial growth pattern?	_____	_____
2) Ratio of cleft size to available palatal soft tissue area?	_____	_____
3) Avoiding palatal scarring?	_____	_____
b) Can good facial aesthetics be achieved in all cases without the use of presurgical orthopedics?	_____	_____
19. FACIAL GROWTH		
a) Will good lip/nose aesthetics created at 6-12 months of age using presurgical orthopedics always be present at 6 to 12 years of age and later?	_____	_____
b) Are different facial growth patterns a factor in treatment decision making?	_____	_____
c) Are there different degrees of palatal bone deficiencies?	_____	_____
d) Can the degree of premaxillary protrusion vary in different facial growth patterns and even within the same growth pattern?	_____	_____
e) Can facial aesthetics improve with facial growth alone, that is, without the need for presurgical orthopedics?	_____	_____
f) Is it better to have good facial aesthetics when the child starts school rather than soon after birth?	_____	_____
g) Is the surgeon treating the parents rather than the child by aiming for good facial aesthetics soon after birth?	_____	_____
h) Is staged facial/palatal surgery including secondary alveolar bone grafting, more physiological than completing all surgery by 2 years of age?	_____	_____
i) Does Differential Diagnosis in Treatment Planning mean that all children within the same cleft type may need different treatment plans according to the facial growth pattern and degree of palatal bone deficiency?	_____	_____
j) A child with Class 1, 2 or 3 may have different palatal cleft sizes and therefore cannot have all cleft palate surgery completed by 2 years of age?	_____	_____
20.		
a) Are all goals of good facial aesthetics, speech, dental occlusion and psycho-social development attainable?	_____	_____
b) Should a priority of one goal over another be acceptable?	_____	_____
c) Does this mean that some cleft problems may require different degrees of speech therapy?	_____	_____
d) If additional speech therapy at a later age is acceptable does this mean a trade-off of one goal over the other goals is recommended, that is, early palatal surgery?	_____	_____