

唇裂繼發畸形的修復手術

Post-Cleft Lip Nose Deformities



整形外科中心
Plastic & Reconstructive
Surgery Centre



養和醫院
HONG KONG SANATORIUM & HOSPITAL

唇裂繼發畸形的成因

唇裂(或稱兔唇)是一種先天的頰面畸形。在中國，新生嬰兒患有唇裂的機會約為1比1,100。在一般情況下，視乎可用資源，這些嬰兒會在出生後三個月內接受唇裂修復手術。過往數十年，不同的唇裂修復手術得到不同程度的重視，例如LeMesurier氏、Tennison氏及Millard氏的方法。所有手術方法都能達到良好的早期效果。

可是，隨著年紀長大，經過修復的唇裂會出現繼發畸形，一直至十八歲左右，面部發育完成才停止，對外觀構成明顯影響。

唇裂繼發畸形的主要成因，是上唇正常部份與唇裂部份的組織生長不均，導致唇部大小不一。其他可能原因包括前次手術時沒有把肌肉放回正確位置，或甚至把認為多餘的組織切除。



手術前

各類唇裂繼發畸形的修復手術

唇形不對稱

- Z形成術
- 切除多餘組織

口哨畸形

- 單一或多個Z形成術

上唇結節過小

- 放鬆上唇系帶
- V-Y瓣推進法

上唇過短或過長

- 上唇過短可用Millard氏旋轉推進法
- 上唇過長可切除多餘組織
(只適合面部發育已完成者)

人中過短

- 通常發生在唇雙裂病例
 - 如沒有鼻畸形，可用V-Y瓣推進法
 - 如有鼻畸形，可用V-Y瓣推進法及前唇雙瓣推進法

鼻畸形及鼻小柱過短

- 鼻外切口軟骨修復法
 - 如果是唇單裂，可用V-Y瓣推進鼻小柱延長法
 - 如果是唇雙裂，可用前唇雙瓣法鼻形成術



手術後

改善儀容由此刻開始

改善儀容，與治療疾病同樣重要。隨著社會的進步，唇裂的處理已經不是停留在初生唇裂修復手術，成年後的修復整形手術尤其重要。

只要願意和有決心，並由適合的整形外科醫生施行手術，就能大大改進外觀。

專科診症，歡迎致電本中心預約

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Causes for Post-Cleft Deformities of the Lip & Nose

Cleft lip is a congenital craniofacial anomaly. In China, the chance of having a newborn with cleft deformity is about 1 in 1,100. The cleft lip is usually repaired around the age of 3 months old; pending available resources. In the past decades, various methods have been in favour, such as LeMesurier's, Tennison's & Millard's, which all could give good results initially.

However, as the patient is growing into adulthood, the post-cleft deformities of the lip & nose gradually have become more prominent until the patient's facial growth is completed around the age of 18 years old.

The main reason is that the normal and the cleft side grow at different rates, and the lip becomes irregular in shape. Other major contributions are the failure to understand the need to mobilize the involved muscle back to the normal anatomical position and retention of the so-called "excess tissue" in the initial repair.



Preoperative view

Types of Surgeries for Post-Cleft Deformities of the Lip & Nose

For Malalignment of vermillion border

- Z-plasty
- Excision of excess tissue

For Whistle deformity of upper lip

- Single or multiple Z-plasty

For Small vermillion tubercles

- Release of upper lip frenulum
- VY-plasty

For Unequal philtral peak height

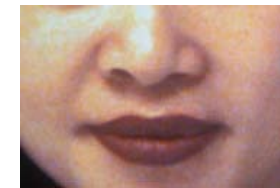
- Cleft side peak is higher : Millard's rotational advancement to lower the peak
- Cleft side peak is lower : Excise excess tissue on the cleft side; provided the patient's facial growth has completed

For Short philtrum

- Usually in patients with previous bilateral cleft lip
 - Inverted VY-plasty if no nasal deformity
 - If there is nasal deformity, inverted VY-plasty & advancement forked flap

For Short columella & flaring of alar

- Open rhinoplasty with realignment of alar cartilage
 - VY-plasty for the unilateral cleft lip patients
 - Advancement forked flap for the bilateral cleft lip patients



Postoperative view

Look Better... From Now On

Improving your appearance is just as important as treating illness. As the community has progressed in the past decades, surgical service to cleft lip patients is not just limited to primary repair. The secondary cleft revisions are just as important.

With determination and willingness, patients can improve the appearance by an appropriate Plastic Surgeon.

For appointment, please contact us at:

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