

Presentation of the clinical case

Patients with cleft palate frequently have bone and tissue defects with a communication with the nasal cavity.^{1,2} Sometimes the defect is very large or there is local scar tissue making it difficult and unpredictable to use an adjacent mucosa flap to solve it.^{1,3} On this case, we can use a distance flap to solve it.^{1,2} The aim of this clinical poster is to describe a case where a patient was subjected to this approach using a tongue flap.

A male patient with bilateral primary cleft lip-palate was treated at age 18 with a secondary graft surgery using a tongue flap, after several unsuccessful graft surgeries to close the fistula.



Figure 1 – Initial panoramic x-ray.

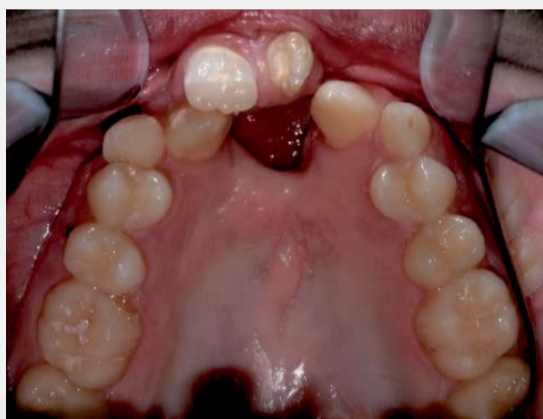
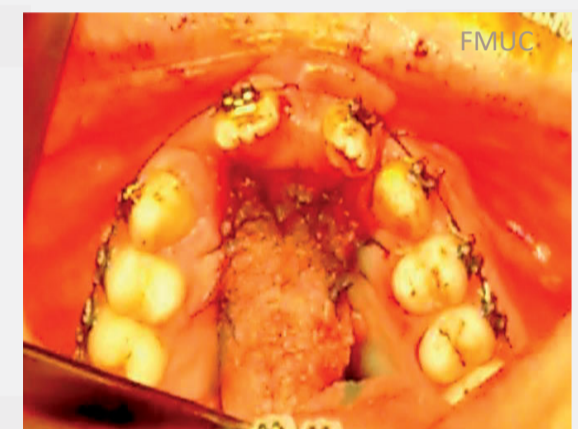


Figure 2 – Initial maxillary occlusal photo.



Figures 3-5 – Secondary graft surgery with a tongue flap.

We achieved a good clinical result without any graft necrosis or fistula recurrence. This procedure also improved the quality of life of this patient by allowing the closure of the fistula. We managed the communication between oral and nasal cavity and prevented future infections. Furthermore, it makes the bone graft more predictable and easier on a later stage.

Evolution of the case



Figures 6-8 – Maxillary occlusal photo

Discussion

The use of a tongue flap, although requiring two steps to repair the defect (first a lingual tissue graft and, subsequently - bone graft), it can be used successfully in situations where it is not possible to use a simple local mucosal tissue graft.^{1,3}

Conclusion

After several attempts to repair the existing defect, the tongue flap was efficient.

Financial interests

None.