

EP05.23: Characterization of Fetal Cleft Lip and Palate Cases in a Tertiary Maternal-Fetal Care Center

Berenice Velazquez Torres, Sandra Arellano García, José Antonio Ramírez-Calvo, Dulce M. Camarena Cabrera, Sandra Acevedo Gallegos, Juan Manuel Gallardo Gaona, Yazmin Copado Mendoza, Mario I. Lumbreras-Márquez, María José Rodríguez-Sibaja, Yubia Amaya Guel.
Instituto Nacional de Perinatología, Ciudad de México, México.

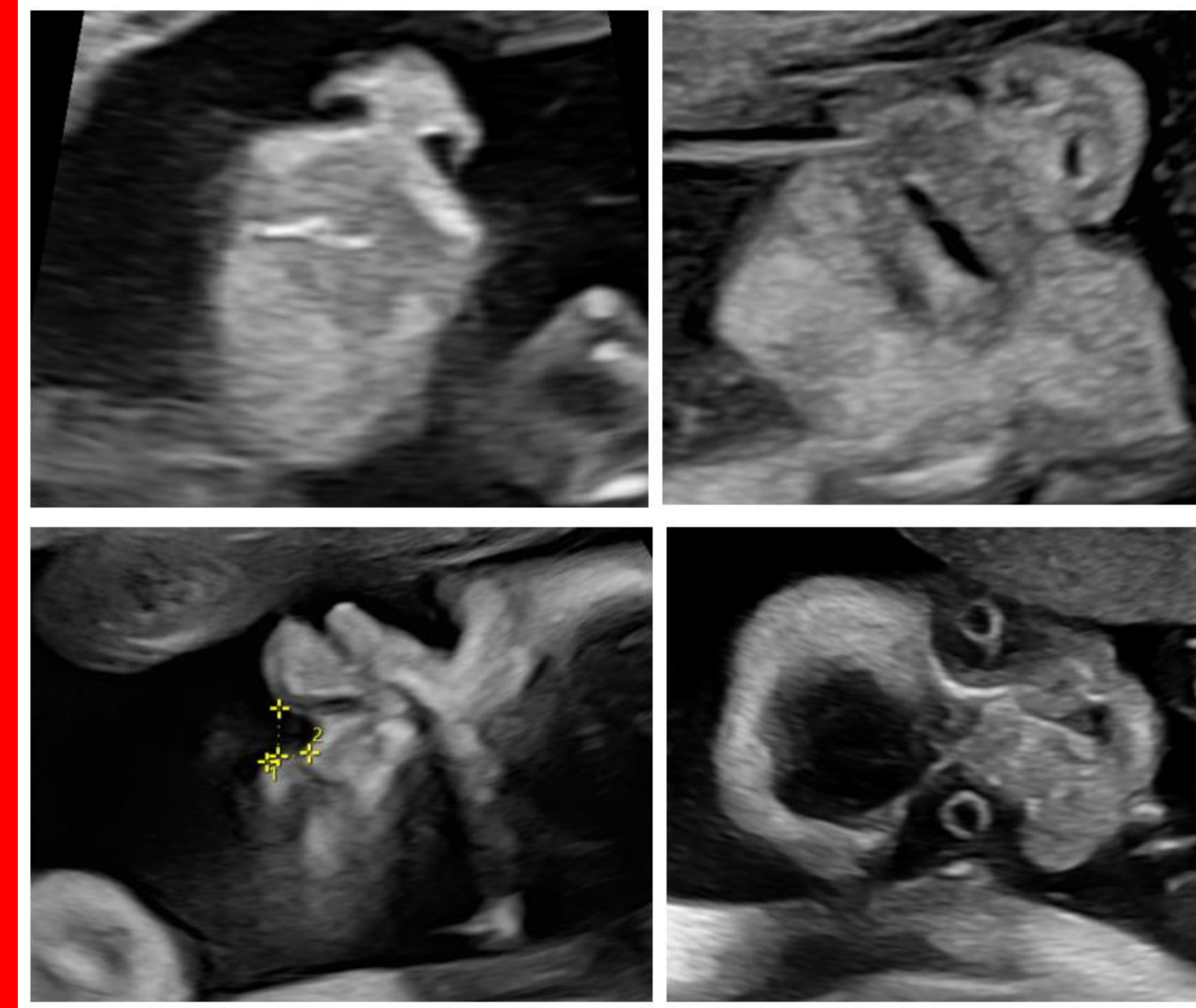
Objectives: To describe the findings and perinatal outcomes in patients diagnosed with cleft lip and/or palate at the National Institute of Perinatology from January 1, 2018, to December 31, 2023.

Methods: A descriptive study. Included fetuses with cleft lip and palate, with and without associated defects, whose follow-up and birth took place at National Institute of perinatology in México. Descriptive statistics were used.

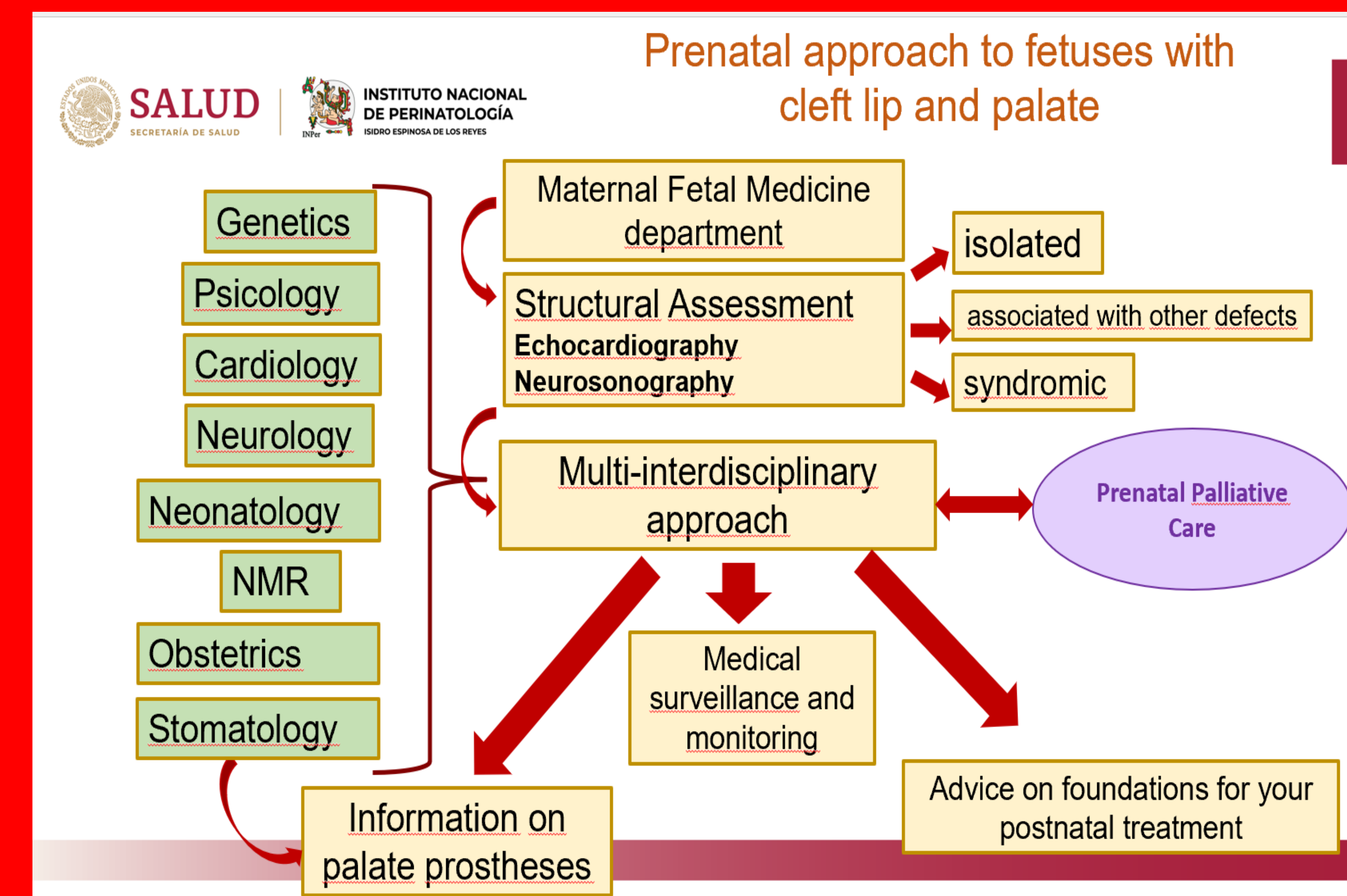
Results: Out of 16,588 births, 112 cases of fetuses with cleft lip and palate result in a prevalence of 6.8 per 1,000 live births. 100 met the selection criteria and were included in the study. The gestational age at diagnosis was 28.5 ± 6.5 weeks. All patients received folic acid although only 4% started it preconceptionally. Isolated Cleft Lip and Palate were present in 46% of cases, Chromosomal studies were performed in 8 cases, all of which were normal. All were born alive; 4 were preterm. All newborns received a nasoalveolar molding plate and were referred to specialized pediatric institutions for follow-up and surgery.

Cleft Lip and/or Palate Associated with Other Non-Syndromic Defects were present in 47 cases. Of these, 83% affected both lip and palate. Genetic studies were performed in 44 cases, finding a variant for leukodystrophy in the BMP4 gene in one case and a karyotype of 46XX, add(1)(p36.3) in another; the rest were normal. The most frequently associated structural defects were the Central Nervous System (27%), other craniofacial abnormalities (21%), and cardiac defects (10%). Vaginal delivery occurred in 51% of cases. Neonatal survival was 30%. Syndromic Cleft Lip and Palate were in 7 cases. Genetic studies found trisomy 13 in 6 cases and trisomy 18 in 1. The most frequent structural defects were CNS, limb abnormalities, and cardiopathy. There was no survival.

Conclusions: Cleft lip and palate are complex, multifactorial defects that require a comprehensive approach within a specific clinical and epidemiological context, emphasizing the complexity of the condition and the necessity for interdisciplinary collaboration.



Fetus with cleft lip and palate vs normal Department of Fetal Medicine INPer



Prenatal approach to fetuses with cleft lip and palate