

## 與協會合辦唇顎裂兒童矯齒治療

### Children Orthodontic Treatment Service Collaborating with HKACLP

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很高興能有機會與香港免唇裂顎協會結緣，能為會員服務十多年。在此祝賀 香港免唇裂顎協會成立三十二週年誌慶，祝願 貴會會務不斷發展。

每一個人都希望擁有一副美麗而整齊的牙齒和燦爛迷人的笑容。我衷心相信免唇裂顎的患者亦有同樣的權利。作為牙齒矯正科專科醫生，亦經常提醒自己，這是我的重要使命去帶給每一位病人美麗燦爛的笑容。

明白患者自出娘胎之來，就要接受各種大大小小的治療及手術，要達到這個目標，確實是需要經過一個漫長的旅程。因此，我們治療的宗旨就是希望以最小的治療而獲取最大的效益，避免增加患者及家長不必要的負擔。

首先，我們要了解免唇裂顎病人顎骨和牙齒跟一般正常情況的分別。然後，可以制定治療計劃以改善病人的情況。

一般免唇裂顎患者上顎骨會比較狹窄及凹陷。如果再加上上下顎骨偏長，便會形成「倒及牙」現象，影響外觀之餘，咬合不良亦會影響咀嚼及進食效能。

牙齒方面，患者一般牙齒排列比較不整齊，亦因為牙床骨缺裂的關係，牙床缺裂附近的牙齒可能不能夠以正常的位置長出，亦有可能出現牙齒缺失的情況。

要改善以上情況，在患者發育期間及當恆齒長出的時候進行早期介入治療，可以將部份的問題在比較早期的時候得以改善，令往後各種治療的複雜性減低。

一般牙床骨缺裂比較嚴重的患者，在九至十歲左右需要接受牙床植骨手術。經牙齒矯正科專科醫生評估，情況適合及有需要的話，可以大約在牙床植骨手術一年之前，考慮接受牙齒矯正為牙床植骨手術作好準備。

有見及此，我和另外 3 位牙齒矯正科專科醫生跟香港免唇裂顎協會合作，加上柴灣浸信會牙科診所提供支

I am glad to have the opportunity collaborating with HKACLP to serve it's members for over ten years. I am, hereby, congratulating HKACLP for the 32nd year anniversary, wishing HKACLP many more successful years to come!

Every of us would like to have well aligned teeth and beautiful grin. I sincerely believe that cleft lip & palate patients also have the right to have a pretty beam. Being an orthodontist, I always remind myself: it is my important mission to bring beautiful smiles to my patients.

We understand that cleft lip & palate patients have to undergo various kinds of treatments and surgeries since birth. To achieve this goal, patients have a long way to go. Hence, our objective of treatment is: minimal treatment to achieve maximum results, so as not to put any unnecessary burden on patients and parents.

Firstly, we have to understand the characteristics of the dentition and jaw bone relationship in cleft patients, so that we can formulate individual treatment plans for different cleft patients.

Cleft lip and palate patients usually have narrow and retrusive upper jaw. In addition to long chin, they may have underbite problem, affecting their appearance, chewing and eating ability.

Crooked teeth are also common in patients with clefts and the teeth around cleft alveolar are usually mal-positioned, or missing in some cases.

During the growth, especially after permanent teeth have erupted, if the patients can receive early orthodontic treatment, then the underbite problem could be improved to some extent and the complexity of treatment in the future may be alleviated.

Patients with alveolar cleft may require alveolar bone grafting surgery around 9-10 years old. After assessment by orthodontist, if necessary, the patients may receive pre-bone grafting orthodontic treatment one year before to prepare for the surgery.

In view of this, 3 orthodontists and I in collaboration with HKACLP, plus the provision of dental room by the Chai Wan Baptist Dental Clinic and generous sponsorship from a few charity foundations, the Children Orthodontic Treatment Project was launched in January 2019 and have been providing treatment for the cleft lip and palate children

援，並得到一些慈善基金的捐助。於 2019 年開始為 6 至 12 歲兔唇裂顎的病人提供牙齒矯正服務，一直至今。

治療計劃目的就是：1) 將比較狹窄的上顎骨擴張，2) 將比較凹陷的上顎牽引向前，及 3) 把上顎門牙排列改善，從而將上下門牙倒及的情況改善或減少。

## 1) 將比較狹窄的上顎骨擴張

因為兒童顎骨仍在發育中，牙齒矯正科醫生會為有需要的患者加裝上顎擴張器，目的慢慢地擴張原本比較狹窄的上顎骨，從而形成一個比較正常圓滿的牙弓形狀。之後，外科醫生就會在裂顎的位置進行牙床植骨手術。

## 2) 將比較凹陷的上顎牽引向前

上顎面弓牽引器就是以病人額頭及下巴作定點，再用橡皮圈拉在上顎牙齒的支架上，將凹陷的上顎向前牽引，從而將上下顎骨的差距減少，亦可將上下門牙倒及的差距減少。面型外觀上，上顎凹陷的情況亦會有所改善。一般需要數個月至一年的時間，每天佩戴數小時。

## 3) 把上顎門牙排列改善

改善或減少上下門牙倒及的情況，一般會用固定式矯齒器（牙箍）將上顎門牙的牙齒排列整齊。患者需定期覆診，讓醫生為患者檢查及調校。

## 矯齒期間注意事項

患者在治療期間亦有需要注意的地方，因為牙齒矯正器是固定在牙齒的表面上。因此，患者不宜進食太硬及黏的食物，以免影響牙箍。另外，亦需要注意口腔的清潔，以免影響牙齒及牙肉的健康。上顎牽引器亦須每天持之以恆的佩戴，讓有足夠的時間給矯正器發揮作用。

患者亦需要明白這項治療只是兔唇裂顎患者牙齒矯正的其中一個部份。因為兒童仍在發育期間，我們亦要繼續觀察牙齒及顎骨的成長，在適當的時間再次進行進一步的治療。

例如：如果患者下顎骨繼續增生，「倒及牙」的現象或會再次出現。如果上下顎骨差距情況比較嚴重的話，病人在大約十八歲顎骨生長完成後，或需要進行顎骨矯正手術，以改善顎骨差距的問題。

每一個兔唇裂顎病人的情況並不完全相同，以上的資訊只供病人參考。牙齒矯正科專科醫生及口腔頰面外科專科醫生會共同合作，為個別病人制訂適合的療程計劃。最後，讓我們攜手向着美麗的笑容進發！

between 6-12 years old up till now.

The aims and objectives of the treatment are: 1) Expand the v shaped upper jaw, 2) direct growth of the retrusive upper jaw to a more forward position, 3) Align the upper anterior teeth so as to lessen or correct the underbite problem.

## 1) Expansion of the narrow upper jaw

As the children's jaw bone are developing, the orthodontist may consider, for some suitable cases, applying expanders to correct their narrow arch to a more normal one before alveolar bone grafting.

## 2) Reverse pull headgear helping to move the maxilla forward

Reverse pull headgear consists of a vertical frame taking the chin and forehead as supporting points and connected with the appliance inside the mouth by elastics to exert the pulling force. Reverse pull headgear provides a protraction force on the upper jaw of the patients at young age with maxillary deficiency, which will then be moved forward gradually. The aim of this procedure is to reduce the extent of the patients' underbite problems and thus improve their facial profile. This treatment usually takes a few months to a year and patients are required to wear the appliance for several hours per day.

## 3) Alignment of upper front teeth

Orthodontic appliance (braces) could be placed on upper front teeth so as to improve the alignment of teeth and correct malocclusion. Regular follow-ups are required for the orthodontist to adjust the appliance.

## Tips in caring for the appliance during orthodontic treatment

Since the orthodontic appliance (braces/expander) are fixed on the teeth, the patients are advised not to eat hard and sticky foods during the treatment course. Oral hygiene is also important to maintain healthy gum and teeth. Reverse headgear has to be constantly worn everyday according to the instruction of orthodontist so as to achieve the best treatment results.

However, patients need to understand that the above mentioned are only part of the orthodontic treatment. The orthodontist will continuously review the teeth and jaw development during the growth of the patients so as to decide whether any other follow up treatments are needed.

For example, after early orthodontics, if a patient's lower jaw grows continually and gradually outgrows the upper one causing underbite problems again. Then the patient may still need orthognathic surgery to correct the malocclusion upon completion of jaw bone growth at about 18 years of age.

As everyone's occlusal problem is unique, the above information can only be a reference to the patients. Orthodontists and Oral & Maxillofacial Surgeons will collaborate to deliver a custom-made treatment plan for individual patient. Finally, let's join hands together for the goal of 'Beautiful Smile'!