

## Foro abierto de opinión II



### ASPECTOS PSICOLÓGICOS EN NIÑOS CON LABIO LEPORINO Y/O PALADAR HENDIDO: UN BREVE COMENTARIO SOBRE ALGUNOS HALLAZGOS RELEVANTES PARA LOS EQUIPOS DE SALUD

PSYCHOLOGICAL ASPECTS IN CHILDREN  
WITH CLEFT LIP AND/OR PALATE: A BRIEF  
COMMENTARY ON SOME RELEVANT  
FINDINGS FOR HEALTH TEAMS

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*ASPECTOS PSICOLÓGICOS EM  
CRIANÇAS COM LÁBIO LEPORINO  
E / OU FENDA PALATINA: UM BREVE  
COMENTÁRIO SOBRE ALGUNS  
RESULTADOS RELEVANTES PARA  
EQUIPES DE SAÚDE*

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justment.

Cleft lip and/or palate (CL/P) are among the most pre-  
valent of all birth defects in human, affecting approx-  
imately 1:700 live births(1). The etiology of CL/P is  
thought to be multifactorial, involving an interaction  
between genetic and environmental factors (2,3).

Individuals with these anomalies have anatomical deformities that commonly involve the lip, alveolar ridge and palate. Consequently, both aesthetics and function are impaired in the vast majority of cases (1).

In view of this, the treatment of people with CL/P often requires multiple surgeries and other therapies throughout childhood, adolescence and adulthood (4-6). In addition, these craniofacial malformations can influence, among other things, the self-perception and social functioning of affected individuals, even after surgical repair (7). Therefore, multidisciplinary care is necessary for successful treatment of these individuals (1,8).

In this sense, it should be noted the existence of ample scientific evidence that children with CL/P are at risk for psychological problems (9,10). The knowledge about additional predisposing factors to the appearance of these problems may be of extreme relevance for teams that treat patients with CL/P. Thus, this subject is briefly discussed below.

First, I would like to refer to the study performed by Feragen and Stock (2014). According to the results of this research, children with an associated condition in addition to the CL/P present more psychosocial difficulties than those with a cleft alone (9).

Complementarily to these findings, data obtained from the study of Feragen et al. (2017) have suggested that having a medical and/or psychological condition in addition to the CL/P affects speech, language as well as reading. On this basis, the occurrence of any of these problems may indicate psychological risk in children with CL/P (10).

Another relevant and curious point is that cleft visibility has not been considered as a potential risk factor for psychological adjustment of children with CL/P, since significant differences in psychological adjustment between children with a visible versus a non-visible cleft have not been verified in the literature (9).

However, in view of the foregoing, psychological services are essential for the comprehensive care of patients with CL/P. Moreover, it is important that all professionals of cleft teams have at least a general knowledge about psychological aspects of these individuals.

This, in turn, can contribute to the improvement of the quality of the provided care.

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