CRANIOMAXILLOFACIAL & PLASTIC SURGERY CASE
FOR LEARNING UNIT VI
ORL 251

Instructions: Accomplish the following tasks indicated in this case.

OPD SUBSPECIALTY CLINIC CONSULT: *CMFS*

S> CL 1M from Bicutan, Taguig

Chief Complaint:
cleft lip and palate

History of Present Illness:
Patient was born pre-term 36 weeks to a then G1P1 (1001) via Emergency Cesarean Section for fetal bradycardia; no known illnesses during pregnancy; noted no intake of folic acid by mother.

Known case of cleft lip and palate; diaphragmatic eventration s/p tube gastrostomy (PGH 2018)

Review of Systems:
ROS:
(-) fever
(-) cough
(-) colds
(-) weight loss
(-) poor appetite
(-) dyspnea
(-) dysphagia
(-) diarrhea

Past Medical History:

(+) Previously admitted for pediatric community acquired pneumonia and acute gastroenteritis with moderate to severe dehydration, resolved
(-) Pulmonary tuberculosis
(-) Bronchial asthma
(-) Allergies

Family Medical History:
(+) Hypertension - father's side
(-) Diabetes mellitus
(-) Pulmonary tuberculosis
(-) Bronchial asthma
(-) Allergies
(-) Cleft lip and/or palate

Immunization History: complete % local health center
Nutritional History: on tube feeding since 2018

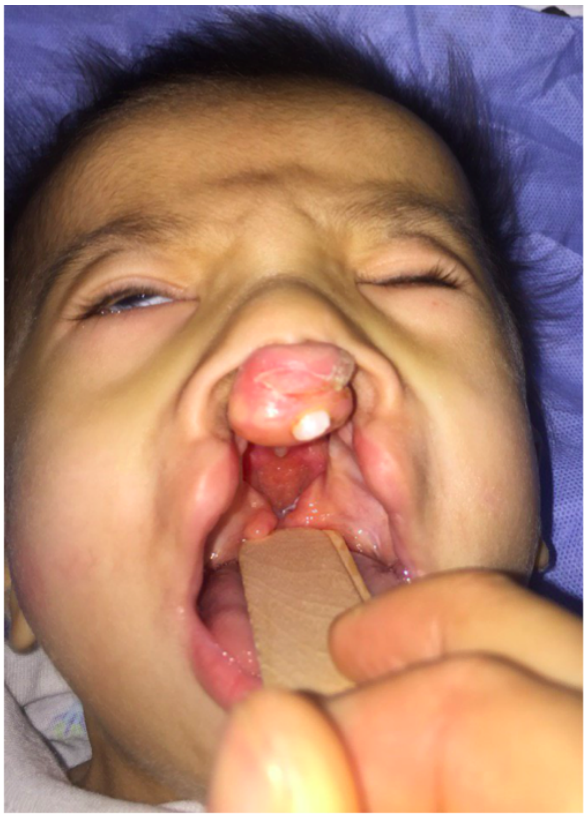
Smoking exposure: father

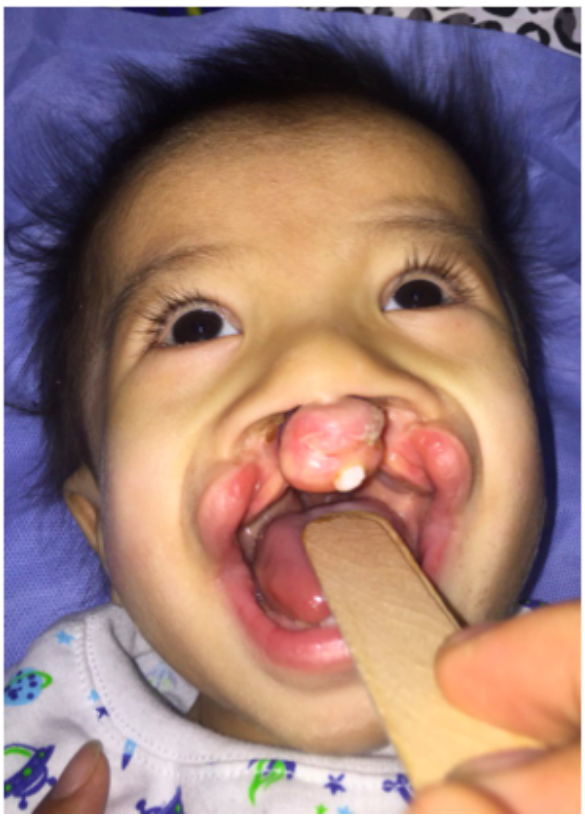
Lives in a 1-storey house with mother and father

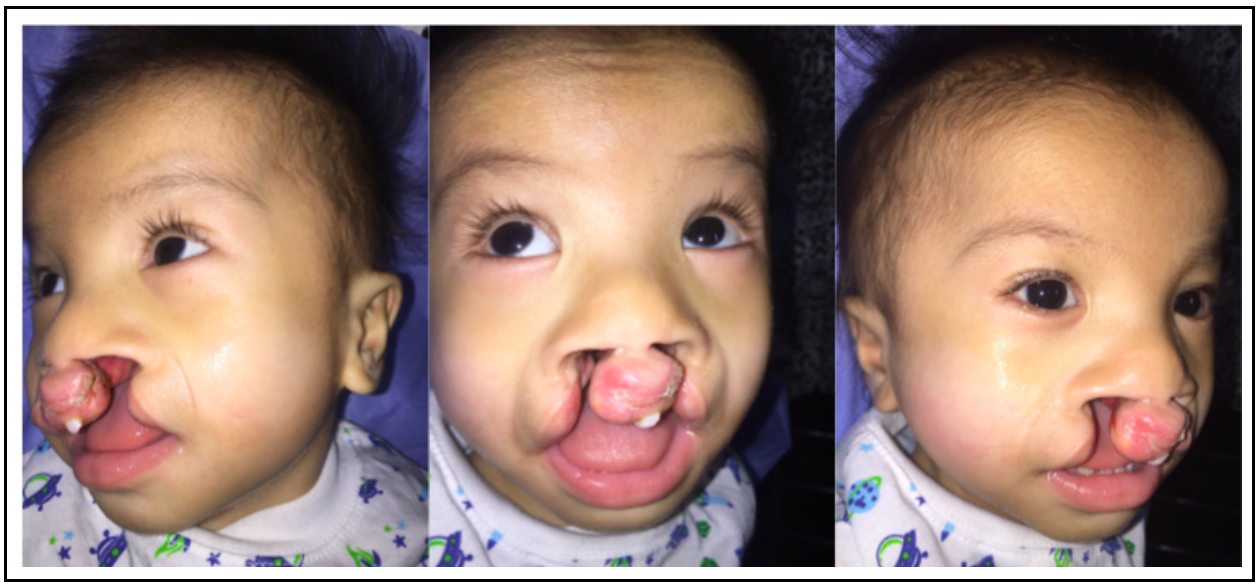
O> On PE, the patient has the following findings:

Weight - 9kg

Ear: The pinna and external auditory canal were unremarkable, with no noted lesions or swelling. The right tympanic membrane and the left tympanic membrane were intact with positive cone of light. No noted discharge.
Nose: The nasal septum was midline with no deviations or septal spurs. No congestion or erythema was appreciated. Cleft was noted to extend to the bilateral nasal floor. Posterior rhinoscopy was not done.
Oral: On inspection, noted cleft lip and palate, bilateral
Indirect Laryngoscopy and Neck Exam: Fully mobile vocal cords without any mass. On palpation of neck, no masses. Trachea palpated to be at midline.







TASK 1: Translate the above findings into the ENT Physical Examination drawings. Draw and indicate the Thallwitz Grade for this patient. Then take a picture or scan of your drawings. (10%)

TASK 2: Based on the history and PE give at least 3 differential diagnoses and briefly explain. (10%)

DIAGNOSTICS:

A> TASK 3: Based on the history, PE and diagnostics give your complete assessment or diagnosis. (5%)

P> TASK 4: What are the plans for the patient? (15%)

A. Pharmacologic if any
B. Diet if any
C. Maneuvers if any
D. Lifestyle modification if any
E. Other diagnostics
F. Surgical option/s
G. Follow-up or admission

SURGICAL PLAN:

Assuming the patient underwent or was diagnosed with cleft lip and palate L3A3H3S3H3A3L3. He/she was advised admission to undergo palatoplasty

WARD 10 ADMISSION:

The patient was admitted at Ward 10. He/ she underwent palatoplasty under Elective OR.

On follow-up 2 weeks post-op, you start to note a 5mm midline defect on the anterior hard palate, with associated drainage of mucoid secretions. There was no associated fever, but the parents would note that when feeding, a small amount of milk goes out of the nostrils.

TASK 5: What are all the possible complications of doing a palatoplasty? Explain the signs and symptoms of the complications (things to watch out for). (15%)

TASK 6: What is most likely complication that the patient experienced? What is the treatment or management? (10%)

TASK 7: What is the discharge diagnosis of the patient? (5%)

The post-op medications given to the patient were the following:

Paracetamol (10 mkdose)
Co- amoxiclav (20-40 mkday, divided into 2-3 doses)

TASK 8: Write the prescription for the patient. Scan or take a picture and attach. (15%)

The patient was advised to have the post-op labs done.
Follow-up one week with ORL

TASK 9: In your own words, preferably in Filipino, write your script on how you would explain the discharge diagnosis, prescription, other plans and follow-up to the patient. (15%)