

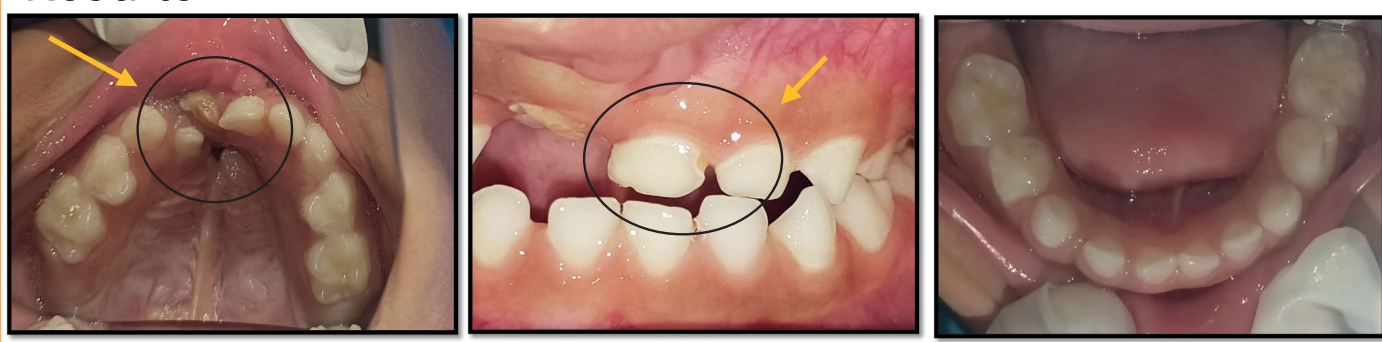
# Caries Prevention in Cleft Lip and Palate Cases in Primary and Mixed Dentition Period.

**Introduction-** Cleft lip and palate (CLP) are craniofacial dysmorphisms that fall within the anomalies of the developmental jaws as they are congenital malformations characterized by the arrested development of the homonymous regions of the maxillofacial district. Orofacial clefts occur due to failure of migration or fusion in the embryonic period of intrauterine life; craniofacial skeletal structures, hard and soft tissues of the oral cavity are particularly involved. The management of children with cleft lip and palate presents many challenges and a multidisciplinary and prepared team is always required.

**Aim-** To evaluate different levels of prevention required in different patients with cleft lip and palate.

**Material and methodology –** In this case series, 3 cases of CLP are showcased. The clinical management approach may vary in cleft lip and palate patients depending on the age of the child and severity and extent of CLP. Prevention at various levels is required in the presented cases of CLP in primary and mixed dentition.

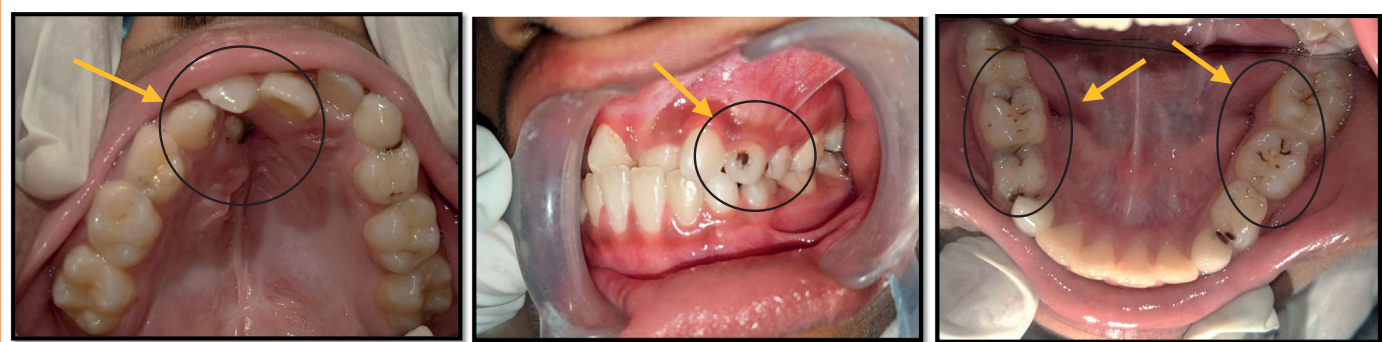
## Results-



**Primary dentition**  
**Incipient caries w.r.t 61**  
**Palatally erupted 52**  
**Hypoplastic tooth w.r.t 51**

**Treatment plan-**  
**Fluoride application**  
**SDF application**  
**Special tooth brush**

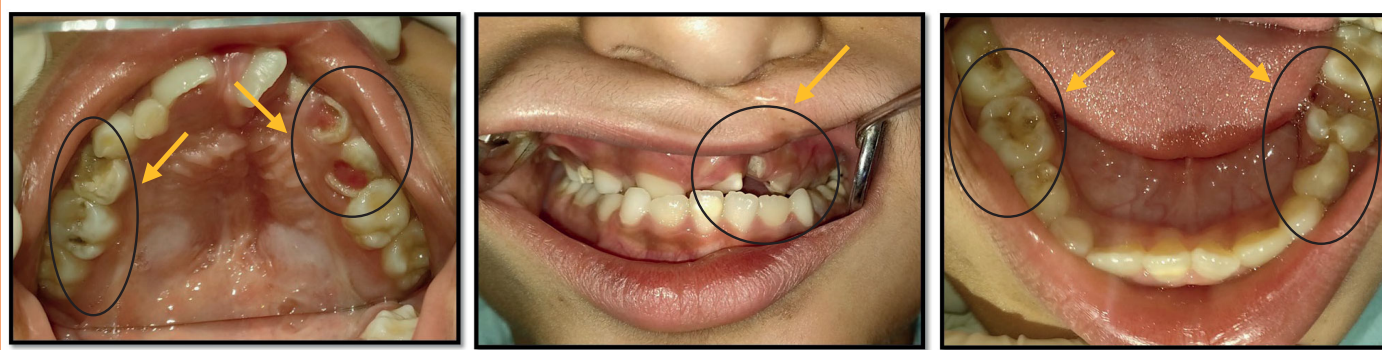
Primary prevention



**Mixed dentition dental caries w.r.t 63**  
**dental caries w.r.t 73,74,83,84,85**  
**pit and fissure caries 75**

**Restoration w.r.t. 63,73,74,83,84,85**  
**Fluoride application**  
**Special tooth brush**

Secondary prevention



**Mixed dentition Pulp polyp w.r.t 64,65,75,74**  
**Dental caries w.r.t 55,85,46**  
**Rotation w.r.t 61**

**Fluoride application**  
**Myofunctional ortho appliance to correct alignment of teeth**  
**Restoration w.r.t. 55,85,46**

Tertiary prevention

**Discussion-**A triage of the oral prevention protocol. In low-risk conditions only professional oral hygiene sessions, topical applications of fluorine and sealing of permanent molars will be added; in medium risk conditions minimally invasive conservative interventions are recommended, such as preventive resin restoration; when the risk is high, complex conservative restoration therapies