



RESEARCH ARTICLE

KNOWLEDGE, ATTITUDE AND PRACTICES OF DENTAL STUDENTS TOWARDS
CLEFT LIP- A SURVEY

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ABSTRACT

Aim: To assess the knowledge, attitude and awareness about cleft lip among dental students.

Background: Cleft lip is a congenital deformity which functionally and esthetically compromised the patient. Therefore, correct identification, treatment and management of cleft lip would improve the quality of life for a patient with cleft lip.

Materials & Methods: This study was a cross-sectional study, which utilises a well-structured and modified questionnaire from other similar questionnaires. This study was conducted among the clinical students of Saveetha dental college. The questionnaire consisted of 10 questions. Once the students had answered the questionnaire, the results were tabulated. Comparisons were done for each question to determine the level of knowledge.

Conclusion: Through this study the knowledge, awareness, and practices of the dental students about cleft lip management was assessed, the awareness was not consistent with the accepted standards. Therefore, education should be provided and topics on cleft lip should be emphasised as a priority of academic curriculum and also create some interdisciplinary training with medical professionals especially plastic surgeons.

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INTRODUCTION

Cleft lip usually manifests as cleft lip either with or without cleft palate or as isolated cleft palate all of which are a range of congenital deformities included in orofacial clefts. Cleft lip and palate (CLP) is the second most common congenital birth defect in the US. (Parker *et al.*, 2010) CLP does not only have physical, but also social and psychological effects on both the patient and the family. (Wehby and Cassell, 2010; Marcusson *et al.*, 2001) During the 4th to 12th week of intrauterine life, incomplete fusion of the maxillary processes results in orofacial cleft. The etiological factors can be genetic or environmental. In case of genetic factor, the main etiological agent is monogenetic or polygenetic inheritance pattern. The environmental factors include, consumption of alcohol, smoking, antibiotics and X-rays. (Bolor Vinita and Thomas Biju, 2010) The problems faced by individuals with CLP include problems with phonetics, eating, auditory and social integration. The problems faced can be corrected by surgery, dental treatment, speech therapy and psychosocial intervention. (Michael J. Dixon *et al.*, 2011) It is associated with increased death rate, including suicide (Christensen *et al.*, 2004) it is also

associated with increased healthcare costs. (Cassell *et al.*, 2008) The types of cleft lip include uni lateral, bilateral, microform. Affected individuals may present with other congenital anomalies and may be part of a genetic syndrome. (Nagappan and John, 2015)

MATERIALS AND METHODS

This study was a cross-sectional study, which utilises a well-structured and modified questionnaire from other similar questionnaires. This study was conducted among the clinical students of Saveetha dental college. The questionnaire consisted of 10 questions. Once the students had answered the questionnaire, the results were tabulated. Comparisons were done for each question to determine the level of knowledge.

RESULTS AND DISCUSSION

Surgical correction of cleft lip (CL) can largely achieve to return normalcy and satisfactory quality of life to the patient. Therefore, adequate knowledge and awareness about the etiology, treatment and prevention of CL may help to counter the negative beliefs and attitudes towards the patient with CL, especially among dental students and even reduce the incidence of cleft by controlling the environmental factors and by genetic engineering. (Owotade *et al.*, 2014) From this study, it was

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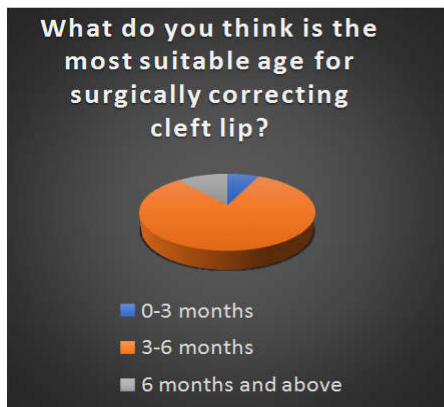


Fig.1. Suitable age for cleft lip correction

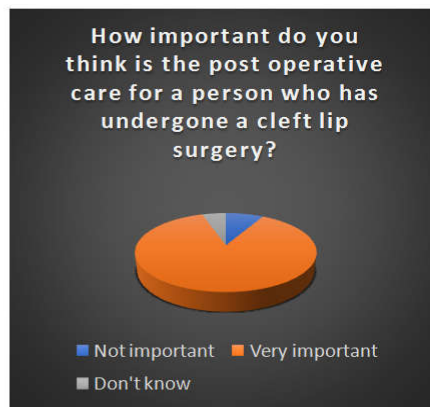


Fig.2. Importance of post operative care post cleft lip surgery

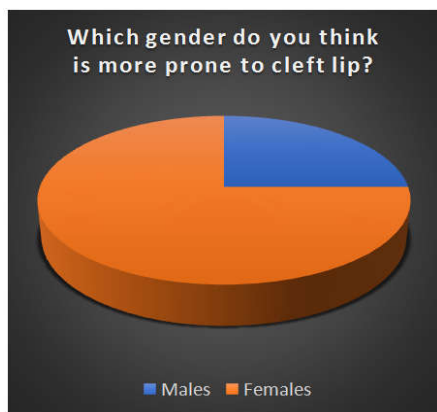


Fig.3. Gender that is more susceptible to cleft lip

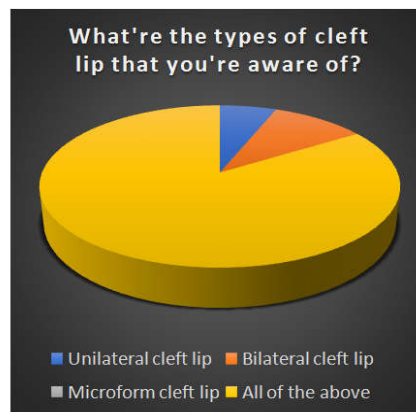


Fig.4. Types of cleft lip

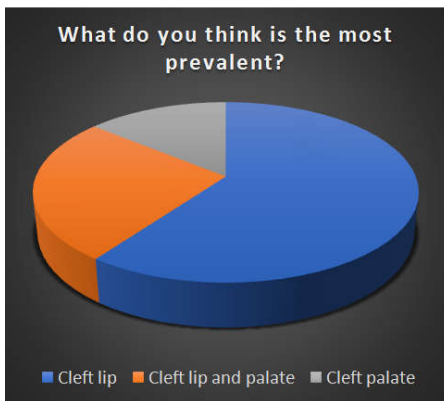


Fig.5. Occurrence of various types of orofacial clefts

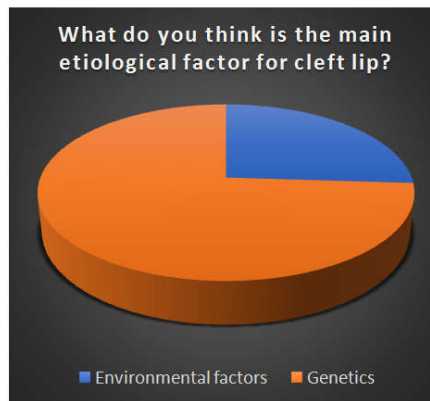


Fig.6. Etiological factors of cleft lip



Fig.7. Awareness about prosthetic management of cleft lip



Fig.8. Choice of management of cleft lip

found that 60% of the students thought that cleft lip was more prevalent, 22% of the students think cleft lip along with cleft palate is more prevalent, 14% of the students think cleft palate is more prevalent, but in fact cleft lip occurring along with cleft palate is the most common, it was unfortunate to find that most of the students thought cleft lip occurring alone was more common. 74% of the students think that genetics is the main etiological factor for cleft lip, 26% of the students think that environmental factors are the main reason for cleft lip. 82% of the students feel that 3-6 months is the most suitable age to surgically correct cleft lip, 11% of the students feel that 6 months or more is the most suitable age for cleft lip surgery, 7% of the students opted that 0-3 months is the correct age for surgical correction. 6% of the students are aware only about unilateral cleft lip, 10% of the students are aware only of bilateral cleft lip, 84% of the students are aware of all the types of cleft lips. 76% of the students think females are more prone to cleft lip, 24% of the students think males are more prone to cleft lip. 56% of the students are aware of prosthetic treatment in the management of cleft lip. 78% of the students think surgical intervention is better in the management of cleft lip when compared to prosthetic management. 87% of the students think that post operative care for a person who has undergone a cleft lip surgery is extremely important, 8% of the students think that it's not important, 5% of the students are not aware of the importance of post operative care for a person who has undergone a cleft lip surgery.

Conclusion

Through this study the knowledge, awareness, and practices of the dental students about cleft lip management was assessed, the awareness was not consistent with the accepted standards. Therefore, education should be provided and topics on cleft lip should be emphasised as a priority of academic curriculum and also create some interdisciplinary training with medical professionals especially plastic surgeons.

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