



唇裂繼發畸形的成因

唇裂（或稱兔唇）是一種先天的領面畸形。在中國，新生嬰兒患有唇裂的機會約為1比1100。在一般情況下，視乎可用資源，這些嬰兒會在出生後三個月內接受唇裂修復手術。過去數十年，不同的唇裂修復手術得到不同程度的重視，例如LeMesurier氏、Tennison氏及Millard氏的方法，都能達到良好的早期效果。可是，隨著年紀長大，經過修復的唇裂會出現繼發畸形，直至18歲左右面部發育完成才停止，對外觀構成明顯影響。

唇裂繼發畸形的**主要成因**，是上唇正常部份與唇裂部份的組織生長不均，導致唇部大小不一。其他主要原因包括前次手術沒有把肌肉放回正確位置，或甚至把認為多餘的組織切除。

各類唇裂繼發畸形的修復手術

唇形不對稱

- Z形成術
- 切除多餘組織

口哨畸形

- 單一或多個Z形成術

上唇結節過小

- 放鬆上唇系帶
- V-Y瓣推進法

上唇過短或過長

- 上唇過短可用Millard氏旋轉推進法
- 上唇過長可切除多餘組織（只適合面部發育已完成者）

人中過短

- 通常發生在唇雙裂病例
 - * 如沒有鼻畸形，可用 V-Y瓣推進法
 - * 如有鼻畸形，可用 V-Y瓣推進法及前唇雙瓣推進法

鼻畸形及鼻小柱過短

- 鼻外切口軟骨修復法
 - * 如果是唇單裂，可用V-Y瓣推進鼻小柱延長法
 - * 如果是唇雙裂，可用前唇雙瓣法鼻形成術

改善儀容由此刻開始

改善儀容與治療疾病同樣重要。隨著社會進步，唇裂的處理已不再停留在初生唇裂修復手術，成年後的修復整形手術尤其重要。只要願意和有決心，並由適合的整形外科醫生施行手術，就能大大改進外觀。

POST-CLEFT LIP, NOSE DEFORMITIES 唇裂繼發畸形

HKSH Plastic & Reconstructive Surgery Centre

養和整形外科中心

CONSULTATION HOURS

Monday to Friday
10:00am – 6:00pm

Saturday
9:00am – 1:00pm

Closed Sundays and Public Holidays
Consultation by Appointment

診症時間

星期一至五
上午 10 時至下午 6 時

星期六
上午 9 時至下午 1 時

星期日及公眾假期休息
敬請預約

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HKSH Plastic & Reconstructive
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養和整形外科中心

POST-CLEFT LIP, NOSE DEFORMITIES

唇裂繼發畸形



POST-CLEFT DEFORMITIES OF THE LIP & NOSE

Cleft lip is a congenital craniofacial anomaly. In China, the chance of having a newborn with cleft deformity is about 1 in 1,100. The cleft lip is usually surgically repaired at around 3 months of age. In the past decades, various methods such as Le Mesurier's, Tennison's and Millard's have been employed to yield good initial results. However, as the patient grows into adulthood, the post-cleft deformities of the lip and nose gradually become more prominent until facial growth concludes at around age 18.

The main reason can be attributed to difference in growth rates of the normal and the cleft side, causing the lip to become irregular in shape. Other factors include failure to mobilise the involved muscle back to the normal anatomical position and the retention of the so-called "excess tissue" in the initial repair.

SURGERIES FOR POST-CLEFT DEFORMITIES OF THE LIP & NOSE

Malalignment of Vermillion Border

- Z-plasty
- Excision of excess tissue

Whistle Deformity of Upper Lip

- Single or multiple Z-plasty

Small Vermillion Tubercle

- Release of upper lip frenulum
- VY-plasty

Unequal Philtral Peak Height

- Cleft side peak is higher: Millard's rotational advancement to lower the peak
- Cleft side peak is lower: Excise excess tissue on the cleft side, provided the patient's facial growth is complete



Short Philtrum

- Usually for the patient with previous bilateral cleft lip
 - * Inverted VY-plasty if no nasal deformity
 - * If there is nasal deformity, inverted VY-plasty and advancement forked flap

For Short Columella and Flaring of Alar

- Open rhinoplasty with realignment of alar cartilage
 - * VY-plasty for the unilateral cleft lip patient
 - * Advancement forked flap for the bilateral cleft lip patient

LOOK BETTER, FEEL MORE CONFIDENT

Improving your appearance is just as important as treating an illness. As society advances, surgical service for cleft lip patients is no longer limited to primary repair. Secondary cleft revision is also of vital importance. With determination and willingness, patients can drastically improve their appearance and gain renewed confidence and a new lease on life.

