兔唇裂顎

兔唇裂顎是香港第二常見的先天缺陷，成因不明，但有可能是胚胎受過濾性病毒感染或個別藥物的副作用所引致，而遺傳只佔少於一成的個案。患者可只是兔唇或只是裂顎，但亦可同時患有兔唇裂顎。而裂顎可根據不同的嚴重程度，分為隱性、軟顎、硬顎及牙床骨裂開等。

兔唇裂顎除影響外觀外，亦會影響嬰兒的吸啜能力、聽覺、語言及牙齒的生長。

兔唇可於12週歲時修補，但由於修補上顎時的疤痕組織會影響顴骨的發育，形成面部凹陷的情況，所以修補兔唇時不會同時修補裂顎。通常在一歲半後，待顴骨有足夠時間生長，但還未開始學講說話時才進行。術後需配合語言治療，才能完全矯正發音。

如有牙床骨裂開的情況，需於乳齒脫落後，恆齒初出時，即約9至10歲，接受植骨及箍牙手術，讓恆齒能在正確的位置生長，改善進食及發音等問題。

患者在成年後，需視乎面部骨骼的發展，鼻部及嘴部的情況，作出最終的矯形手術。

兔唇裂顎患者須接受多個專科及長時間的治療，對患者及其家庭都會造成一定的壓力。家長可考慮參與兔唇裂顎互助組織，與其他病友分享感受及治理心得。家長及患者亦應同時積極面對，多與醫護人員溝通了解，達致最佳的治療效果。

耳部整形

常見的耳　問題，像兜風耳、杯狀耳、小耳症等，都是由於耳部軟骨發展不健全所引致。矯形手術一般在6歲後，待耳　發育完成後才進行。

兜風耳

兜風耳是由於耳　軟骨缺乏皺摺，使耳　整體向外伸展所形成。手術可在局部或全身麻醉下進行，手術過程是先將耳背皮膚和軟骨分開，然後為軟骨訂定皺摺，再作固定。手術需時90分鐘，瘀腫可於一星期內減退。由於切口在耳背，所以術後沒有明顯的疤痕。

小耳症

小耳症是耳　軟骨先天殘缺所造成。患者一般需在6歲後接受多階段的矯形手術。首階段是利用胸部軟骨，根據正常耳　的形態，雕成耳廓支架，然後藏在面側皮膚與頭骨之間，待6至9個月軟骨生長穩定後，便可將新耳從頭骨分離，再在底部植入皮膚。最後階段是利用耳蝸軟骨修正及整調新耳的輪廓。

副耳

副耳是在耳　前多出的一粒肉粒，是常見的先天性耳部問題，不影響聽覺。為避免被同學取笑，一般可在學前切除。

耳前廔管

耳前廔管同樣是常見先天性耳部問題，患者在一邊或兩邊耳廓前有一細小竇孔，竇孔通過一條廔管連接到耳廓前軟骨深處。廔管內的分泌物常帶有異味，如遇細菌感染，便會演化成膿瘡。

耳前廔管切除手術可在局部或全身麻醉下進行，手術需將竇孔、廔管及部分耳廓前軟骨一併切除，才能根治問題。

尿道下裂

尿道下裂是不常見的先天缺陷，約350個初生男嬰便有一個個案。患者的尿道出口不是在陽具的頂部，而是在陰莖的底部，陰莖亦可能有向下彎曲的情況。小部份的患者同時亦有其他泌尿系統或小腸氣的問題。

患者除不能像正常男士般站立小便，引起尷尬外，生殖功能亦有可能受到影響。

矯形手術一般在3歲時進行，如尿道出口仍在龜頭底部，可用手術直接把尿道拉長，帶到陽具頂部。如尿道出口在陰莖其他地方或有陰莖彎曲的情況，便須利用手術把陰莖拉直，同時利用包皮皮瓣，造出新的尿管，把尿道延長，帶到陽具頂部。

胎記

胎記是嬰孩出生時發現的皮膚問題，可分為色素胎痣、血管胎痣及先天性皮膚瘤。

色素胎痣

色素胎痣是皮膚上黑色或啡色的胎記，除顏色外，皮膚表面和正常的皮膚沒有分別。常見的色素胎痣有太田痣及咖啡痣，一般能用脈衝式鈥雅各激光（QS Nd:YAG Laser）或亞歷山大激光（Alexandrite Laser）清除。

血管胎痣

血管胎痣，可分為葡萄酒色素斑和草莓斑。

葡萄酒色素斑是面部或頸部一片泛紅的胎記，可利用脈衝染料激光（Pulse Dye Laser）清除。

草莓斑與葡萄酒色素斑的臨床病徵有很大的分別，草莓斑在嬰兒出生時是一點紅色的小痣，在其後的3至9個月，紅痣會迅速變大，而在2至3歲時，紅痣便會開始慢慢縮小及減退。

草莓斑一般不需要即時處理，可在減退穩定後才作矯形手術。但如果草莓斑過大，阻礙呼吸，影響視覺或進食，便須接受藥物及激光等治療，如還未能控制，便須即時進行手術切除。

先天性皮膚瘤

先天性皮膚瘤指先天性墨、皮脂痣等。由於有病變的可能，如面積不大，可考慮直接或分段切除。二氧化碳激光或脈衝式鈥雅各激光雖能改善外觀，但由於激光未能完全清除所有胎痣組織，術後必須小心監察，如有病變，便可盡早發現。

HKSH Plastic & Reconstructive Surgery Centre
養和整形外科中心

CONSULTATION HOURS **診症時間**

Monday to Friday 星期一至五
10:00am – 6:00pm 上午 10 時至下午 6 時

Saturday 星期六
9:00am – 1:00pm 上午 9 時至下午 1 時

Closed Sundays and Public Holidays 星期日及公眾假期休息
Consultation by Appointment 敬請預約

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CONGENITAL DEFECT RECONSTRUCTION SURGERY

先天性外表缺陷整形手術

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CONGENITAL DEFECT RECONSTRUCTION SURGERY
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CLEFT LIP AND PALATE

Cleft lip and palate are the second most common inborn defects in Hong Kong. The causes are unknown but viral infection of embryo or side-effect of specific medicine may play a role. Less than 10% of cases are due to inherited conditions. Patients can have cleft lip, cleft palate or both. Cleft palate is classified as submucosal cleft, incomplete cleft palate and complete cleft palate with or without cleft alveolar bone.

Aside from visual appearance, infants with cleft lip and palate may have problems with teeth development, eating, hearing and speaking.

Cleft lip repair can be done at 12 weeks of age. Cleft palate repair surgery will leave scar tissues on the upper palate which will affect maxilla growth and cause facial retrusion. Therefore, cleft palate repair is usually done after 18 months of age before the onset of speech to allow more time for full development of the maxilla. Speech therapy is needed after surgery to correct phonation completely.

For children with alveolar bone cleft, bone graft and orthodontic surgery will be conducted at around 9 to 10 years of age when the milk teeth fall out and the permanent teeth start to take their place. Permanent teeth can then grow in the right position, helping improve feeding and speech problems.

When children become adults, they will undergo a final reconstructive surgery, depending on the development of their facial bones and the conditions of the nose and lip.

Patients with cleft lip and palate have to receive various long-term treatments across different specialties, imposing a lot of pressure on the family. Parents may consider joining parent support groups to share with other families their feelings and opinions during the treatment process. A positive outlook and good communication with medical specialists are very important in achieving the best treatment results for the patients.

EAR RECONSTRUCTION

Common ear structure problems such as prominent ears, cup ears and microtia are caused by hypoplasia of the ear cartilage. Reconstructive surgery is usually carried out after six years of age as the ear is almost fully developed at that stage.

Prominent Ears

Bat ears arise as a result of inadequate anti-helical fold of ear cartilage, pushing the ear to grow laterally. Surgery can be performed under local or general anaesthesia. An incision is made in the skin behind the ear to separate the skin from the cartilage. Then an anti-helical fold is created and fixed. The procedure takes 90 minutes. The bruising and swelling will resolve in one week. Incisions are placed behind the ears and consequently scars are not usually visible.

Microtia

Microtia is a congenital underdevelopment of ear cartilage. Usually, patients have to receive various stages of reconstructive surgery from six years of age. The first stage is to fabricate a normal ear framework with sculpted rib cartilage. An auricular frame is then carved out and inserted beneath a pocket of skin at the side of the head. After stable growth of the cartilage in six to nine months time, the new ear is lifted out from the side of the head and covered by a skin graft. The last stage is to correct and adjust the contour of the reconstructed ear with cartilage.

Accessory Auricles

An accessory auricle refers to an additional skin tag in front of ear. It is a common congenital ear problem and does not affect hearing. Excision can be done before school age to avoid teasing among peers.

Preauricular Sinuses

A preauricular sinus is another common congenital ear problem characterised by a dimple on one or both sides of the external ear. The dimple connects to deeper inside the auricle through a fistula, where smell of secretion might be unpleasant. If it becomes infected, it may lead to abscess formation.

Excision of a preauricular sinus can be performed under local or general anaesthesia. The problem can only be cured by removing the dimple, fistula and part of the auricle cartilage.

HYPOSPADIAS

Hypospadias is an uncommon inborn defect found in 1 out of 350 newborn boys. It is a condition where the urethra opens on the underside of the penis instead of the tip. Often times, the penis also curves downward. For some patients, the condition is also accompanied by other problems of the urinary system or hernia.

Patients with hypospadias cannot pee standing up, which might cause embarrassment. Fertility may also be affected.

Reconstructive surgery is usually conducted when boys are three years of age. If the urethra opens on the underside of the penis, the doctor will extend it to the tip of penis. If the urethra opens on other parts of the penis or the penis curved downward, the doctor will straighten the penis and use the foreskin to make a new urethra that will allow it to open at the tip of penis.

BIRTHMARKS

Birthmarks are skin problems that present at birth. They can be classified as pigmented birthmarks, haemangiomas and congenital skin tumour.

Pigmented Birthmarks

Pigmented birthmarks are dark or brown skin marks. Aside from colour, the skin surface of the birthmarks is the same as normal skin. Common pigmented birthmarks such as Naevi of Ota and Café au lait spots can be removed by Q-switched Nd:YAG or Alexandrite laser.

Haemangiomas

Haemangiomas include port-wine stains and strawberry haemangiomas.

Port-wine stains are reddish birthmarks on the face or neck. They can be removed by pulsed dye laser treatment.

The clinical symptoms of strawberry haemangiomas differ from that of port-wine stains. A strawberry haemangioma starts as a small red mark soon after birth, but grows quickly in size for the first three to nine months and then gradually regress and fade away when the child reaches two to three years of age. In most cases, there is no need for specific treatment. Medication and laser treatment should be considered if the strawberry haemangiomas are very large and impair vision, breathing or feeding. If the condition does not improve with medication or laser, surgical removal of the strawberry haemangiomas should be considered.

Congenital Skin Tumour

Congenital skin tumours refer to inborn moles, sebaceous naevi, etc. Since there is potential for malignant transformation, patients can consider one-time or staged surgical excisions to remove the tumours if their sizes are small. Although CO_2 laser and pulsed Q-switched Nd:YAG laser treatments can improve cosmetic appearance, they cannot completely remove all tissues of tumours. Close monitoring is required after laser treatments for any sign of malignant transformation.