



REVIEW ARTICLE

The dental aesthetics in patient with palatine fissure lip alveolus: a bibliographical revision

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ABSTRACT

Introduction: people with palatine fissure lip suffer aesthetic consequences, that which can take to the individual to suffer a psychological affectation. The teeth, the form of the arcades, the bone of the maxillary one and the integrity of the lips, they are frequently affected areas for the malformation and in turn they are part of the facial aesthetics, playing an important part in the social and cultural interactions.

Objective: to analyze the impact of the dental aesthetics in the patients with palatine fissure lip.

Methodology: it was carried out a bibliographical revision in the period of September from the 2023 to September of the 2024. For the obtaining of the information the databases were consulted: MEDLINE, Scielo, Elsevier and PubMed with the use of descriptors: dental aesthetics, anomalies craneofaciales, palatine fissure lip. 48 articles were consulted, selected 29 references by means of a table work.

Development: after the surgical stages, a custom treatment assures results to the patient with palatine fissure lip, respecting the facial symmetry and the proportion dentoalveolar, key elements for a natural appearance. That which demands from a multidisciplinary and sequential focus, because the sequels of surgeries previous reconstructive condition the therapeutic options in function that the patient diminishes the fear to the social rejection.

Conclusion: the dental aesthetics in patient with palatine fissure lip alveolus impacts significantly in its quality of life, self-esteem and integration. A multidisciplinary focus that combines surgery reconstructive, orthodontics and psychological support is essential to approach so much the functional sequels as emotional.

Keywords: Palatine Fissure Lip; Dental Aesthetics; Multidisciplinary Equip.

INTRODUCTION

Cleft lip and palate has important implications for the patient's overall health, as aesthetic consequences impact both the family unit and the social environment. This occurs when palatal and labial processes do not fuse during critical stages of embryonic development. The option of performing an intruterine diagnosis offers family members the opportunity to undergo psychological preparation before the birth of a child with craniofacial anomalies. Treatment generally involves multiple reconstructive surgeries, regular dental visits, hearing treatments, facial growth and speech therapies, as well as psychological interventions. This requires a multidisciplinary approach involving several health professionals to ensure a good quality of life for the patient.⁽¹⁾

The consequences of these malformations include difficulties in eating, nasal breathing, facial growth disturbances, speech problems, hearing problems, and dental development anomalies. People with cleft lip and palate are also more susceptible to dental caries and periodontal disease. The aesthetic consequences can lead to significant psychological distress for the individual, constituting a health problem. The teeth, the shape of the dental arches, the maxillary bone, and the integrity of the lips—areas frequently affected by cleft lip and palate—are part of facial aesthetics and play an important role in the complex social, psychological, and cultural interactions.⁽²⁾

Smiling is a fundamental element in everyday life, and it is therefore inevitable that at some point individuals are concerned about their dental aesthetics; however, due to the presence of these alterations, a spontaneous smile is not always displayed.⁽³⁾ The face is an area and a form of nonverbal communication, and its role in emotions is more significant than any other part of the body, since through the face one can communicate, reveal, and instantly display emotional states.

Obtaining a pleasant smile and satisfactory dental aesthetics is not only a matter of vanity but a necessity in today's world, given societal beauty standards. Many individuals, lacking this desired appearance, lose self-esteem, leading to reserved and shy behavior, and most patients dissatisfied with their smile seek to modify it in some way.⁽⁴⁾ All of the above leads the authors to develop this bibliographic review, with the aim of analyzing the impact of dental aesthetics in patients with cleft lip and palate.

METHODS

A bibliographic review was conducted from September 2023 to September 2024, including full-text articles available in English and Spanish from the last five years. To obtain information, reference databases such as MEDLINE, Scielo, Elsevier, Springer, and PubMed were consulted using descriptors such as: dental aesthetics, craniofacial anomalies, cleft lip/palate; combining terms: cleft lip, dentistry, and aesthetics. A total of 48 articles were consulted that related to the objective of the work, with 29 references selected through a tabletop exercise.

DEVELOPMENT

Humanity, throughout its history, has pursued a permanent search for beauty; however, it is not until modern times that this pursuit has become heightened, driven by the desire to have a perfect body image that can be accepted and provide satisfaction in order to achieve social acceptance. The aesthetic canons of contemporary civilizations align with a divine proportion. These principles or “requirements” of beauty are perceived subconsciously by the eye and could be considered naturally immutable across centuries in our human conception of beauty.⁽⁵⁾

Aesthetics is a branch of philosophy that studies how human reasoning interprets the sensory stimuli it receives from the surrounding world. Etymologically, the term derives from Greek and means perception; it is the science that studies sensible knowledge, acquired through the senses. Among the objects of study of aesthetics are beauty or judgments of taste, as well as the various ways in which humans interpret them; thus, aesthetics is closely linked to art and analyzes the different artistic styles and periods according to their aesthetic components.

Facial aesthetics focuses on analyzing the degree of beauty of the oral cavity face, while dental aesthetics is the science of harmonization that goes beyond appearance alone; therefore, dentofacial aesthetics is important in personal, social, and even professional relationships, and its effects on daily life. It is considered synonymous with good nutritional health, appropriate self-esteem, and even a favorable economic situation.⁽⁶⁾

Facial attractiveness and the smile are strongly connected because, in social interactions, attention is directed toward the mouth and the eyes of the people with whom one exchanges gestures; the mouth is the center of communication on the face, and the smile and teeth play a crucial role in the person's appearance.

Therefore, it is vital during the comprehensive rehabilitation of patients with cleft lip and palate, as it transcends mere functionality to address deep psychosocial dimensions. These patients often face complex anatomical variations such as dental agenesis and alveolar defects that impact self-perception and quality of life. Precisely, aesthetic correction through interceptive orthodontics, prosthetic restorations, or osseointegrated implants not only restores facial harmony but also acts as a catalyst for personal confidence, reduces anxiety, and facilitates social integration in educational and work environments.

Physical appearance and oral aesthetics of the population can undoubtedly constitute a trait influencing daily life. With industrialization, media, connectivity, social networks, high beauty standards, and aesthetic demands, people have come to view appearance as essential for living a healthy and high-quality life, profoundly impacting social behavior models and interactions.⁽⁷⁾

Aesthetics is a factor of great relevance to consider in quality of life, where emotional expression is part of modern aesthetic needs. Therefore, any effort to maintain good oral health has psychosocial repercussions on the emotional state of an individual, influencing relationships and societal performance, and is linked to extraversion and emotional stability.⁽⁸⁾

The use of modern smile design allows cleft lip and palate patients, after surgical stages, to have a personalized treatment that ensures results respecting facial symmetry and dentoalveolar proportion—key elements for a natural appearance. This does not mean achieving optimal aesthetics in these cases is quick and easy; rather, it requires a multidisciplinary and sequential approach, since the sequelae of prior reconstructive surgeries condition therapeutic options to enhance socialization and reduce fear of social rejection.

How a person looks is fundamental for psychological well-being and social interaction, affecting how people perceive themselves and how they are perceived by society, hence the role of aesthetics in dentistry.⁽⁹⁾ The psychological and social impact of aesthetics has surged in modern societies, many of which have created subcultures around the perception and importance of the ideal image. Attractiveness is often associated with sociability, cheerfulness, honesty, intelligence, and perceived superiority.⁽¹⁰⁾

A attractive face, where the smile and teeth are prominent, can convey a sense of social success and good health. Conditions such as cleft lip and palate can disrupt a person's psychological development, creating psychosocial repercussions from dental aesthetics that negatively affect self-esteem.⁽¹¹⁾

Malformations and genetic defects caused by maternal diseases during pregnancy are considered primary factors in cleft lip and palate occurrence. Researchers such as Prieto et al.,⁽¹²⁾ Plasencia et al.,⁽¹³⁾ and Pham et al.,⁽¹⁴⁾ describe alterations in allelic models that undermine craniofacial anomalies. Zambrano and Hernández,⁽¹⁵⁾ specify that substance use or teratogenic agents during gestation—especially in early weeks—can yield newborns with genetic anomalies, prematurity, and life-incompatible congenital defects. Here is an English translation of the passage, preserving the formal tone and the references, and formatted for readability. However, according to studies from Peru and Spain, among the causes of congenital malformations are lifestyle, environmental factors, and contact with substances hazardous to the fetus, since these can prevent proper embryological development, resulting in defects in bony and soft tissues.^(16,17)

Although it is believed that a combination of genetic and environmental factors contributes to most cases, the exact cause remains unidentified. The principal etiological factor of these malformations is genetic in nature. It is noted that incidence varies according to ethnic and geographic origin, environmental and biological factors, as well as economic conditions, among others, which is why cleft lip and palate is described as a multifactorial process. In Ecuador it is one of the most frequent congenital malformations in children under one year of age, placing the country second in Latin America for this condition.⁽¹⁸⁾

Timely treatment for a patient with cleft lip and alveolo-palatal involvement is addressed by a multidisciplinary team, highlighted by maxillofacial surgeons, orthopedic specialists, orthodontists, pediatricians, geneticists, speech-language pathologists, language therapists, psychologists, ENT specialists, and plastic surgeons, with the aim of providing the patient with appropriate care and improving quality of life.

Treatment for this condition should begin in the newborn period to guarantee the best outcomes. Primary surgeries include lip plasty (3–6 months), palate velum plasty (6 months), and osseous palatal closure together with velum plasty (12 months). Surgical resolution is indicated to restore proper function to the stomatognathic system by replenishing the tissues involved in the cleft, mainly the perioral musculature and the pharyngeal sphincter located in the soft palate.⁽¹⁹⁾

According to Gamarra and colleagues,⁽²⁰⁾ interventions for cleft lip and palate begin from the first trimester after birth, and surgical procedures start between three and six months. Throughout the child's growth, surgical interventions are repeated, accompanied by constant evaluations and preventive counseling. Lee and colleagues⁽²¹⁾ emphasize orthodontic closure, which was the most common approach and did not result in a significant distortion of the maxillary midline. Less than half of patients treated with space maintenance received fixed restorations. Thus, preoperative orthopedics involves devices that enable stimulation and bone remodeling of the nasal, alveolar, and cleft palatal segments, reducing the size of the clefts

during the first three months of life, shaping them as close as possible to normal anatomy before surgery for cleft lip and palate.

Cleft lip and palate is a congenital malformation with significant implications for the patient's physical health and function. Dental management is fundamental to achieving comprehensive rehabilitation and requires a personalized approach because successful osseointegration is not always achieved, leading to poor swallowing, inadequate occlusion, speech difficulties, and aesthetically suboptimal deformities, which can cause insecurity in older patients. This integrated approach not only markedly improves functional and aesthetic aspects but also plays a crucial role in the emotional and psychosocial well-being of the patient.

The prevalence of cleft lip and palate varies according to the ethnic groups worldwide, being slightly more common in males and typically presenting unilaterally on the left. However, the specific mechanisms of action and genetic-molecular interactions still require deeper investigation to contribute to effective preventive management.^(22,23) The prevalence of cleft lip with or without palate is about 1 in 600 to 800 live births, distributed as follows: cleft lip and palate approximately 45 %, isolated cleft lip about 15 %, and isolated cleft palate about 40 %.⁽²⁴⁾

The ongoing search for treatments aims to achieve early management, with presurgical orthopedics, primary lip and nose repair, and early palate closure. Consequently, changes in initial management have led to significant advances in outcomes over the last decades, resulting in a meaningful reduction in complications.

Cleft lip and palate has important implications for the patient's general health, as aesthetic consequences impact the family unit and social environment. It is considered the most common craniofacial congenital malformation,⁽²⁵⁾ and its treatment generally involves multiple reconstructive surgeries, regular dental visits, hearing treatments, facial growth and speech therapies, as well as psychological interventions, requiring a multidisciplinary approach. The consequences of this malformation include nasal breathing issues, facial growth disturbances, and anomalies in dental development.⁽¹³⁾

Every effort should be made to assist the patient and family in adapting to the ongoing demands of this condition and the associated stress. Parents should be informed about the recommended treatment, procedures, options, risk factors, benefits, and costs to support them. The beneficial influence of the multidisciplinary team on the family group is undeniable. Parents should be helped to coordinate their child's care, which facilitates guidance.⁽²⁶⁾

Cleft lip and palate becomes a striking developmental disorder because it causes facial appearance alterations that significantly affect the daily life of affected children, harming their psychological development and relationships with their environment by feeling socially rejected due to their physical appearance.⁽²⁷⁾

Today, society places significant value on physical appearance, as seen in social media and mainstream media; appearance has become a social indicator of success, status, and happiness. It is important to acknowledge that culture and societal values influence whether one experiences full personal satisfaction. Dental aesthetics and facial appearance consider the smile a substantial element that can greatly affect how people perceive overall attractiveness. Studies cited indicate that facial appeal plays a more important role than body attractiveness, with the smile being the second facial feature people notice for its attractiveness in others; thus, dental aesthetics can have a major impact on an individual's attractiveness.

Dental appearance has long been a parameter of social acceptance, as people tend to judge and be judged based on certain aspects of personal appearance. How teeth look and facial expression are among these indicators of attractiveness and health. Individuals with dental alterations such as malocclusion, stains, and color changes—especially in the anterior teeth—tend to have lower self-esteem and feel embarrassed by their appearance, and they are often looked down upon by those around them.

A beautiful smile has long been the focal point of an individual's commitment to improving their aesthetic image. It has also been described as one of the best means of influencing others. Although societies dictate their own beauty standards, careful analysis of beautiful teeth has shown that repeatable, measurable, and unbiased principles can be systematically applied to evaluate and improve dental aesthetics in a predictable manner.⁽²⁸⁾

Oral appearance is an essential factor of facial beauty and can influence how one perceives another's characteristics. The oral aspect is a prerequisite for obtaining prestigious work in some professions. Likewise, these judgments correlate with differential treatment in social and professional settings. Less attractive individuals are not only less likely to be chosen as sexual partners, but also less likely to receive equal pay and promotions, contributing to widespread lack of self-confidence among many adolescents and young people regarding their dental appearance.⁽²⁹⁾

CONCLUSION

Dental aesthetics in patients with cleft lip and alveolo-palatal involvement significantly impact quality of life, self-esteem, and social integration. A multidisciplinary approach that combines reconstructive surgery, orthodontics, and psychological support is essential to address both functional and emotional sequelae.

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