OP02.06. First Trimester Ultrasound evaluation of cleft palate: midsagittal, axial or coronal view - which view is best?
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Objectives: The “maxillary gap sign” observed in the midsagittal view and the retronasal triangle in the coronal view serve as potential markers for detection of cleft palate (CP) but may be associated with pitfalls. The objective of this study is to compare the sensitivity of the axial, sagittal and coronal views in screening for palatine clefts.

Methods: The anatomical landmarks in sagittal, coronal and in axial view were evaluated in 17 cases of palatine clefts. Along with the midsagittal and retronasal triangle (RNT) view, the alveolar ridge of maxilla and the echogenic secondary palate was examined in the transverse view of the base of the skull at the level of the pharynx.

Results: Seven unilateral CLP, five bilateral CLP, two median CLP, two isolated CP and one atypical cleft had been described. All cases were confirmed postnatally either after delivery or by autopsy. Two cases of bilateral CLP showed no demonstrable maxillary gap as the vomer bone can often mimic the palatal line in midsagittal view. Two cases showed a normal RNT when the cleft was confined to the premaxilla alone. However, the axial view showed abnormal appearance in all seventeen cases.

Conclusions: A combination of all three planes can be used as an effective screening tool but the axial view has better sensitivity for detection of cleft palate.

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