

Wider cleft width appears associated with hypernasal speech, nasal air escape

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Patients with wider cleft palates appear more likely to postoperatively develop velopharyngeal insufficiency, a condition characterized by hypernasal speech and nasal air escape when speaking, according to a study published Online First by *Archives of Facial Plastic Surgery*.

Isolated cleft palate is a common [birth defect](#) occurring in about one in 2,000 [live births](#). Velopharyngeal insufficiency (VPI) after cleft palate repair is reported in 2 percent to 30 percent of patients with cleft palates, the authors write in their study background.

Derek J. Lam, M.D., M.P.H., of Cincinnati Children's Hospital Medical Center, Ohio, and colleagues conducted a [retrospective study](#) of 73 patients with isolated cleft palates who underwent palate repair at Seattle Children's Hospital between 2003 and 2009. The average age of patients at the time of surgery was 12.5 months (range 8-30 months), and the average follow-up time was 22 months.

The authors found that VPI was diagnosed in 23 patients (32 percent).

"In conclusion, the risk of developing VPI after isolated [cleft palate](#) repair appears to increase with increasing width of the palatal cleft, and the rate of postoperative VPI is particularly high in patients with a cleft width greater than 10mm," the authors conclude.

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