REASONS FOR LATE PRESENTATION OF CLEFT DEFORMITY IN NORTHEASTERN NIGERIA

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ABSTRACT

Background: Cleft lip and palate is the commonest congenital deformity of the orofacial region. It is generally accepted that the surgical operations of cleft lip and palate should be done early in life. In developing countries, a significant number of these patients present for treatment in late childhood and in some instances as adults. The precise reasons for this will most certainly vary from culture to culture, but the common reasons may be quite similar in many countries

Method: Fifty-two patients with facial clefts who presented late at the University of Maiduguri Teaching Hospital within a 2-year period were assessed by interviewing either the parents, relations or even the patients themselves.

Result: The reasons for late presentation were financial constraint (46%), lack of knowledge of availability of cleft services (40%), far distance from cleft centre (8%), cultural beliefs (4%) and fear of surgery(2%).

Conclusion: The result of this study revealed financial constraint and lack of knowledge of availability of cleft services as prominent reasons why majority of patients with cleft deformity presents late.

Adequate funding of cleft care from both government and non-governmental organisations, providing primary health care workers with information regarding the availability of cleft services and improved public enlightenment programme would reduce the rate of late presentation in Nigeria and other developing countries.

Key words: Reason, Late presentation, Cleft deformity

INTRODUCTION

It is generally accepted that the repair of facial cleft should be done early in life. Delayed repaired of cleft palate is often associated with poor speech, impaired family and societal relationship.[1]

The potential long-term psychological effects on the child with cleft when the repair is delayed have also been documented.[2] Early contact with the baby and parent allows the timely repair of both the lip and the palate with subsequent expert orthodontics and speech therapy ensuring good cosmetic and functional results.[3]

In developed countries, cases of cleft deformities most often present at birth and this is a reflection of the level of health awareness and the availability of human and material resources to correct the defect.[2] Despite, the psychological and emotional challenges associated with cleft, late presentation is still being reported in developing countries.[4]

The aim of this study is to establish the reasons for the delay in presentation of patients with cleft deformity in North Eastern Nigeria.

MATERIALS AND METHODS

This is a prospective study conducted at the University of Teaching Hospital, a tertiary institution in the North Eastern Nigeria within a 2-year period between October 2005 and September 2007.

The first author interviewed either of the parents, relations or patients themselves using a questionnaire. Patients having their first contact with cleft specialist after 3-months[2] of age were regarded as presenting late and reasons were sought .The socioeconomic status of the family was determined using the occupational and educational status of the parents.[5] Attendance of antenatal clinics by the mothers and place of birth of patients were also documented. Ethical approval was obtained from the ethical committee of the University of Maiduguri Teaching Hospital before embarking on this study.

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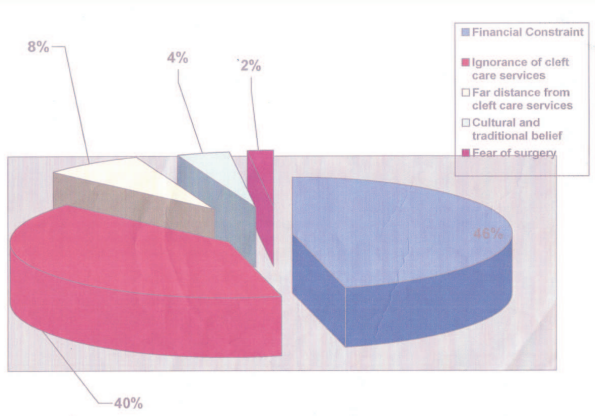
The data was analysed using SPSS version 13 (SPSS, Chicago, Ill USA) and was presented in Tables and Figures.

TABLE: 1 Age at presentation of the 52 patients.

Age	No.	%
>3 months?10 years	36	69
11 years - 20 years	8	15
21 years - 30 years	6	12
31 years - 40 years	2	4
Total	**52**	**100**

Figure 1: The reasons for late presentation of patients with cleft lip and palate



RESULT

Sixty-seven patients were seen during this study period, 36 Males and 31Females. Only 15 patients (22%) presented within the first three months of life, while 52(78%) presented late; that is after 3 months of age (Table 1).

Table 2 shows that majority (90%) of the patients that presented late belonged to low socioeconomic class. Forty percent of the patient's mothers attended antenatal clinic. However, only a few 29% were delivered in the hospital, majority (71%) were delivered at home.

TABLE: 2 Socioeconomic status, ANC attendance, and Place of birth of the study population

Type of clef	SES (n=52)		ANC Attendance (n=52) No.(%)	Place of birth (n=52)	
	High Class	Low Class		Home No.(%)	Hospital No.(%)
Cleft lip only	1	32	13(25)	25(48)	8(15)
Cleft lip and palate	3	14	7(13)	12(23)	5(10)
Cleft palate	1	1	1(2)	0(0)	2(4)
Total	**5**	**47**	**21(40)**	**37(71)**	**15(29)**

The most common reason for delay was financial constraint(46%), followed by lack of knowledge of cleft services (40%).Others include far distance(8%)from cleft centres, cultural and traditional beliefs(4%),and fear of surgery(2%) as shown in Figure.

DISCUSSION

There is general acceptance among cleft care providers that repair of facial cleft should be done early in life. The late presentation of these patients could be attributed to ignorance, especially among rural dwellers, limited surgical facilities and inability to afford cost of surgery.[1]

Late presentation of patients with cleft in developing countries is unfortunately common. In this study 77.6% presented after 3 months. Shwarz and Sanu[2] reported 79%. They attributed this to lack of awareness, far distance from centre, lack of finances, and lack of time on the part of the parents.[2] Rees also reported late presentation of a 15 year old patient from a rural village due to lack of awareness of possibility of surgical treatment on the part of the parents.[6] As such late presentation has resulted in delay in counselling, surgery and other cleft services that optimizes cleft care.[2]

Majority of patient 89.1% in this series belong to low socioeconomic group .This explains why the most common reason for late presentation was financial constraint on the part of the parents who may not be able to afford the cost of travelling and the cost of treatment . There have been reported changes in the socioeconomic conditions of Nigerians in the past 20-30years. For example the unemployment rate has increased from 4% during the oil boom to 45%currently.[7] Furthermore, the per capital income of an average Nigerian has decreased by 75% during the past 20years.[8] However international collaboration , for example Smile Train and the ongoing National Health Insurance policy of the Government may improve the present trend of late presentation of patients with cleft deformity in this region.

The second most common reason is lack of knowledge of available cleft services. This may be attributed to poor utilization of medical facilities at grass root level. This can be explained by large number of

This can be explained by large number of home deliveries in this study. Hence there is need for increased access to primary care services, and this combined with the provision of primary health workers with adequate information on the availability of cleft care services may probably reduce the rate of late presentation of patients with cleft deformity in this region .

The far distance patients have to travel for cleft services is another important factor that is endemic throughout African countries. Two(4%) Patients complained of far distance in this series. Shwarz and Sanu[2] reported twelve(29%) out of forty-two patients that presented late. Occasional itinerant services and training of medical officers who are resident in the rural areas to repair simple cleft deformity may alleviate the problem of far removed service.

Traditionally among rural dwellers in Northern Nigeria birth defects may be associated with divine power, so family members may often be reluctant to interfere with God's will .This believe may also help to explain why some patients present late.[9]

CONCLUSION

Majority of patients presenting with cleft deformity belong to low socioeconomic status, hence inability to afford the cost of travelling to the centre for cleft services, and cost of treatment by the parents constitute a strong reason why most of the patients presented late. In addition, lack of knowledge of availability of cleft services is another prominent reason causing delay in presentation among patients with cleft deformity.

This would therefore suggest that adequate funding of cleft care from both government and nongovernmental organisations of cleft care combined with providing primary health care workers with information regarding the availability of cleft services and improved public enlightenment programme would reduce the rate of late presentation in Nigeria and other countries.

In addition, government policies in Nigeria and other developing countries that will directly improve the socioeconomic conditions of the populace may be necessary to minimise this problem on a long-term bases.

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