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PREVALENCE OF ENURESIS IN CHILDREN WITH CLEFT LIP AND PALATE: PRELIMINARY RESULTS

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OBJECTIVES: Nocturnal enuresis (NE) is a common childhood condition, present in about 15% of Brazilian children. There is ongoing debate regarding the relationship between obstructive sleep apnea syndrome (OSAS) and NE. Craniofacial anomalies predispose to upper airway obstruction and OSAS. To study: (1) the prevalence of nocturnal enuresis (NE), diurnal urinary incontinence (DI) and OSAS in children with unilateral cleft lip and palate (UCLP) nonsyndromic, (2) risk factors associated with NE. **METHODS:** Here are preliminary results of an observational cross-sectional study of 83 children (54% males) 6-12 years of age (mean age 10.4 ± 1.82 years) with UCLP nonsyndromic. Study consisted of a personal interview with the child/caregivers and chart review. Severity of NE and DI, gender, tonsillectomy and/or adenoidectomy, frequency, arousal and sleeping disturbances were assessed. OSAS was identified by the presence of snoring, intermittent pauses and/or gasps. The Sleep Disturbance Scale for Children (SDSC) cut point sleep-disordered breathing ($SDB > 6$) for OSAS. **RESULTS:** Nocturnal enuresis was reported in 15 of 83 children (18%) (8 males, mean age 9.6 ± 1.32 years), and of these 4(27%) had associated DI. Twelve (84%) had mild enuresis (1-2nights/week). Thirty-four children (40%) had $SDB > 6$. Among 17(21%) children who had previously undergone tonsillectomy and/or adenoidectomy (T&A) 3 (17%) had NE. Of the 15(18%) children with NE 20% had undergone T&A in the past. Five out of 15 enuretic children (30%) had symptoms suggestive of obstructive sleep apnea syndrome ($SDB > 6$). **CONCLUSION:** Almost one fourth of children UCLP nonsyndromic had enuresis. OSAS was present in about one third of enuretic children. Tonsillectomy and/or adenoidectomy did not affect the prevalence of enuresis.