Cleft lip and / or palate is one of the most common congenital defects

(CR 1 in 500 newborns) with significant involvement of genetic component in the etiology.

They represent a serious disability face the consequences of aesthetic , functional and psychological .

Anomalous growth and development of the facial skeleton causes the development of jaw and dental disorders.

Orthodontic therapy , sometimes combined with Maxillofacial orthopedic lasts into adulthood

and often ends prosthetic dořešením . Severe dysfunction is a speech disorder requiring

intensive speech therapy and speech therapy . Comprehensive treatment of clefts is therefore necessarily

multidisciplinary , long-term and costly , which also participates in programs focusing on prevention

(genetics, teratology, epidemiology) and Research " (Šmahel et al . , 2000).

An important role is played by the analysis of origin of morphological changes ; the extent of the affected

Primary growth insufficiency tissues , to what extent are the result of surgical procedures and

when it is a result of the effect of altered functional relations. The findings are then

confronted with the knowledge of the etiology and mechanisms of defects (Tomanová , 1993).

Anthropometric monitoring could also contribute to the estimation of genetic predispositions

for the formation of cleft . Significant impairment of basic structures palatogeneze at parents

risk fetuses may in fact indicate a higher susceptibility to external factors disability (Jelinek

et al. , 1983). The same is also important to monitor the presence of microforms (tj.minimální

Expression defects) associated characters and atypia (Šmahel , 1974).