

Review of: "Primary Surgical Treatment of Cleft Palates in the Algerian Hospital Environment"

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Potential competing interests: The author(s) declared that no potential competing interests exist.

The article presents a series of 85 cleft palate patients operated with three different techniques at various ages.

The authors conclude

1. profile radiography and aerophonoscopy techniques were of great and reliable assistance in the assessment of velopharyngeal insufficiencies (VPIs)
2. The classical Wardill-Veau-Kilner palatoplasty without muscle reposition showed a much higher percentage of velopharyngeal insufficiency (VPI) than the Sommerlad's intravelar veloplasty (IVV) or Furlow's palatoplasty with muscle reposition.
3. It is highly recommended to perform early and functional surgery in the primary closure of cleft palates in order to decrease the incidence rate of fistulas and velopharyngeal insufficiencies (VPIs).

The authors reach these conclusions by using subjective clinical examination of the palate, perceptive speech assessment, aerophonoscopy and dynamic lateral radiography. However, no comparative statistical analysis were presented in the study nor any reliability assessments. Furthermore, it is not stated how patients were selected to each treatment group. Therefore, there might be a selection bias affecting the results if for instance surgical technique was selected based on the severity of the cleft. In addition, it is not stated if recorded examinations were assessed blindly. Also, the distribution of age and extent of the cleft were not described for each treatment group.

Incidence of fistulas (requiring revision surgery) was 10/45 in the Wardell-Kilner treatment group 2/30 in the intravelar veloplasty group and 0/10 in the Furlow group. Age and extent of clefts among patients suffering from fistulas was not described or assessed.

Due to the above mentioned factors, the conclusions drawn by the authors need to be verified.