148

89

COMPARATIVE ANALYSIS OF THE CRANIOFACIAL REGION IN APERT AND CROUZON SYNDROMES.

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The purpose of the present study was to analyse the craniofacial region in Apert and Crouzon syndromes from three dimensional (3-D) reconstructions of CT-scans, roentgencephalometric films and three dry skulls.

3-D reconstructions were available in 12 Apert patients and in 19 Crouzon patients with an age range of 0 to 23 years. Roentgencephalometric films were available in 27 adult Apert patients and 35 adult Crouzon patients.

A qualitative and quantitative analysis was carried out of all craniofacial regions.

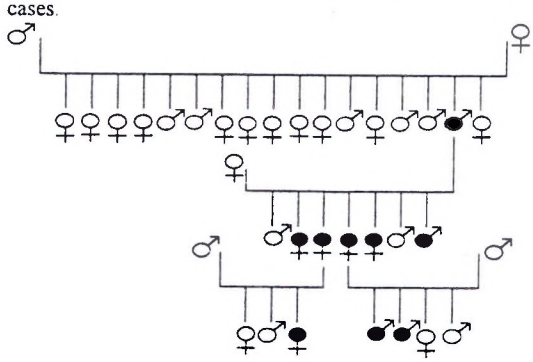
Although the two syndromes share a number of abnormal traits in the craniofacial region it was observed that the craniofacial morphology differed markedly between Apert syndrome and Crouzon syndrome both at birth, in early childhood, and at adult age. The implications of these findings on treatment will be discussed.

90

CROUZON SYNDROME IN NINE MEMBERS OF A FAMILY

Dr. H. Sailer, Switzerland.

We will report on one of the biggest families of Crouzon's syndrome. The family consists of three generations with 9 cases of the syndrome. 8 of them were treated or are still in treatment in the Department of Cranoi - Maxillofacial Surgery of the University Hospital Zurich. The family tree was traced back to the end of the 18th century but no other members of the family could be found. It was interesting to note that the degree of manifestation of the syndrome increases from generation to generation. Of further special interest is that cutaneous syndactylia of the toes (between the 3rd and 4th digit) was found in one of the family members of the 2nd generation and also in her two children affected by tyhe typical signs of Crouzon's syndrome.
DNA extractions are also performed in these cases.



91

"Meeting the Challenge" - A Social Skills Training Program of Adolescents with Special Needs.

Dennis Simon, Kathleen Kapp-Simon, Marcia K. Aduss

Lack of adequate social skills is a major impediment to good psychosocial adaptation for adolescents with residual facial deformities. Research suggests that social skills competence, rather than presence or absence of facial deformity, is a more salient predictor of social acceptance. Given the fact that social inhibition shyness, and withdrawl are predominating characteristics of these adolescents when adjustment is impaired, this is a population which should profit from direct focus on the development of more appropriate interpersonal skills.

This videotape was developed as part of the program "Meeting the Challenge" - A Social Skills Training Program for Adolescents with Special Needs. It consists of a series of vignettes using "Special Needs Kids" to model appropriate social skills and stimulate discussion. The primary audience will be the adolescents who are participating in the groups. The secondary audience is the leaders who are learning to implement the program.

Funding for development of this videotape and program was provided by a Maternal and Child Health Grant, Department of Health and Human Services, U.S. Public Health Service.

92

MODYFIED MYOFUNCTIONAL THERAPY (MFT) AS POSSIBILITY IN THE TREATMENT OF MOTOR SKILLS WITH CLEFT PALATE CHILDREN. S.CODONI*, Speech Pathologist, Director of the Center for Speech-Language Rehabilitation, Basel, Switzerland, 4051

The disturbed speech of a cleft palate person is the result of many factors and symptoms which can effect the whole body. Sensory and motor mechanisms are responsible for the correct functionning of these subtly differentiated movement patterns as e.g. suckling, swallowing, chewing as primary functions and speeking as secondary functions. The breast feeding, as Herzog reports, is with most of the cleft palate children possible, due to special techniques. Nevertheless in the daily practice, we have to treat children who are not breast feeded. The mastication and the facial muscles as well as the tongue influence with their movements and their resting position the form of the mouth cavity, of the jaw-bones, the position of the teeth, the articulation and the speech. Therefore speech disorders and dysgnathia are due to pathological or abnormal developed orofacial muscles, to genetic factors, to illnesses or to bad habits. Garliner presents with his MFT a really effective tool for correcting orofacial muscle imbalance. This method is based on causal connection and can easily be adapted and modified even to the needs of a very young child. It allows to develop a strong and well balanced orofacial and breathing musculature, good speech. It shows, as a side effect, a comfortable influence for the whole body system. It also supports operation techniques as Honigmann presents. MF-diagnosis and therapy from the side of speech-pathology will be presented as overview. To the teamwork of specialists, including parents as well as to the needs of the child should be given full attention. Video: Stimulations.