Center of Cleft Lip-Cleft Palate and Craniofacial Deformities, Khon Kaen University in Association with “Tawanchai Project” and Faculty of Medicine, Khon Kaen University
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A child born with cleft or craniofacial anomalies may be faced with multiple and complex problems including, but not limited to, early feeding and nutritional problems that can lead to deficits in growth and development, middle ear problems, hearing loss, deviations in speech and resonance, dento-facial and orthodontic abnormalities and psychosocial adjustment problems.

The goal of optimum cleft lip and palate care is complete rehabilitation in dimensions of appropriate appearance, function, spiritual or ability for normal living and proper development. Intermediate and longitudinal outcomes have to be evaluated at critical period during the total period of interdisciplinary care and at the time of complete facial growth in adolescent age or when the results satisfied by patients and their family. To achieve this goal, interdisciplinary management is important. Although the rehabilitative process for children with cleft and craniofacial deformities can be a lengthy one, the availability of coordinated, interdisciplinary team care has enabled most affected children to become functioning and contributing members of society.

The development of a network system for the care of patients with cleft lip and palate in Thailand has been reported by Chowchuen B and Godfrey K in 2003 (Chowchuen B, Godfrey K. Development of a network system for the care of patients with cleft lip and palate in Thailand. Scand J Plast Reconstr Surg Hand Surg 2003; 37: 325-31.). The establishment of the system of the standard of care of patients with clefts by provision of comprehensive rehabilitation managed by interdisciplinary teams at centralized centers is still challenging in Thailand.

This issue of Journal of Medical Association of Thailand contains 21 original articles from Associates of the Tawanchai Cleft Center which include surgical, speech and language, orthodontic and dental, radiology, quality of life and psychosocial, and nursing aspects of patients with cleft lip-palate as well as other craniofacial anomalies, including facial congenital melanocytic nevi, Treacher Collins syndrome, Pierre Robin sequence, craniomaxillofacial microsoma, and frontoethmoidal meningoencephalocele. Additionally, the articles of the cleft programs that have been implemented in Lao People's Democratic Republic are also included. Holistic, system integrated, and long-term management are addressed. Funding from other resources, in our situation, including from the Tawanchai Foundation for Cleft Lip, Cleft Palate and Craniofacial Deformities, may be crucial for increasing accessibility, organizational development, interdisciplinary team management and improving the overall quality of the treatment program.

Professor Bowornsilp Chowchuen
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(continued)
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Similarly, we recommend to use the checklists for other types of studies such as systematic reviews (PRISMA), meta-analyses of observational studies (MOOSE), diagnostic accuracy studies (STARD), cohort, case control, cross-sectional studies (STROBE) and qualitative studies (COREQ or RATS [http://www.biomedcentral.com/info/ifora/rats]) when writing report using these studies. The authors can consult the EQUATOR network website for further information on the available reporting guidelines for health research. Though the implementation of this policy is rather new to Thai authors, the J Med Assoc Thai will strongly request potential authors to follow these guidelines as soon as possible.

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