

# Birth Defects

A child with a birth defect or a birthmark is of major concern to the parents. Not only has it brought a feeling of guilt but a continuous emotional stress, which lasts a lifetime.

Are there any ways to prevent this calamity? Which causes this deformity? Is there any prevention? What are the possible treatments? What are the chances of another child having the similar birth defects? These and a thousand more questions come to the mind of parents or would be parents who are expecting or planning to have a child respectively.

Ruqya Khan spoke to Dr Farhat Bokhari, a specialist plastic surgeon at Euro gulf medical center, with twelve years of experience in the world of cosmetic surgery to find out more.

“Volumes of books have been written on birth defects, however we will touch on the main causes and manifestations of some of the common facial birthmarks, defects, possible preventive measures and some treatment options,” says the doctor.

### Why birth defects happen?

Most of the birth defect begins during the embryonic stage of life. Almost 70% involve the face and head region. Minor defects are rather common for example, a prominent ear or exaggerated slant of the eye. Almost 15% of the newborn have some minor birth defect. Major birth defect for example, a cleft in the lip or palate is not as common and their occurrence varies from one race to another.

A point of caution here about the minor birth defects though, that they should not be taken lightly because if a new born has 3 or more minor defects the chances are 90% that this child has a major defect as well which may not be obvious but should be carefully evaluated by a pediatrician. It is also known that 8% of the new born with 3 or more minor defects are likely to have a degree of some mental retardation.

As individual areas of the body, most common birth defects occur in hands followed by eyes, face and mouth, ear, skin, thorax and feet. Of course the birth defect of the face and head and neck region draw most of our attention for obvious reasons. Major defects in this region are cleft lip, cleft palate or both, and a myriad of other deformities which can involve not only the face but also the skull and other organs.

Some of the birthmarks are apparent at the time of birth while others become obvious a few weeks later. The causes treatments and prognosis varies from one birth mark to another for example the strawberry nevi tend to grow in size in the beginning but begin to regress small by age 4 to 5 years and become quite small by age 6 to 7 years and at that point require a minor procedure. On the other hand some vascular defects may continue to progress and may even become a life threatening unless diagnose and treated properly.

### When does surgical intervention help?

“Some of the birth defects are hereditary in nature and others are caused by environmental factors. If a birth defect is present in a family or in a sibling then proper genetic counseling should be sought prior for another pregnancy. It is also true for advance age of the parents, particularly the age of the father.”

There are some general preventive measures, which should be exercised during a pregnancy. As we know, most of the birth defects begin in the first trimester of pregnancy. It is therefore recommended that smoking, alcohol, drugs, and exposure to radiation must be taken only with the advice of a physician. Proper rest, emotional stability and proper nutrition as well are very important.

If surgical interpenetration is required most of the birth defect are treated before the child goes to school to

avoid emotional consequences from teasing by other children. Some birth defects require much earlier surgical treatment for example cleft palate because a child with feeding but may also developed frequent ear infections and improper speech.

If a strawberry nevus is in an area like around the eye or the nose it may cause functional difficulty for the newborn then also need an early treatment. It is therefore necessary to get a competent counseling and advice from specialist in the areas of plastic surgery, ear and nose and throat, speech and even a psychologist.

The treatment options for birthmarks, are mainly laser treatments and in selected cases, surgery. Diagnosis is important right from the beginning to formulate an appropriate treatment plan. Some forms of birthmarks, e.g. hemangioma or strawberry nevus, gets much smaller with the growth of the child, and by age 5 or 6 years may only require a minimum surgical treatment.

Treatment for birth defects is generally surgical. For the defects of the lips, it is performed at an early age (from 6 weeks to 6 month) followed by closure of the palate secondarily approximately 6 months later, i.e., before the speech development. Children with cleft palate have difficulty with sucking on the feeder, or the nipple and may require spoon-feeding, till the cleft in the palate is repaired.

“There is no denying that parents of a new born child with birth defects or birth mark are likely to panic. However, with advances in technology and surgical techniques most of them are now adequately treated and majority of children go on to live a normal life.”