

*IV. Pharyngeal Flap
Attachment to the Velum*

Introduction to Part IV

A gloomy prediction in '33

As early as 1933 Dorrance predicted a dismal future for the use of a pharyngeal flap in the correction of the split palate:

[Although] ingenious . . . this operation . . . will not stand the test of time, despite the excellent results obtained by Rosenthal.

He complained that it diminished the lumen of the pharynx, produced scar and interfered with the palatopharyngeal muscle function, giving these reasons:

The procedure does not attempt to establish the desired "palatopharyngeal-sphincter." If the pharyngeal flap includes a portion of the superior constrictor muscle, the pterygopharyngeus portion of this muscle becomes destroyed and its atrophy is inevitable. Staphylopharyngorrhaphy establishes "stomatolalia," interferes with normal ventilation of the Eustachian tubes, and favors the accumulation of nasal secretions.

P. P. F. epidemic continues in '80

In spite of the apparent unphysiological nature of a pharyngeal synechia to the palate, there has continued to be a worldwide epidemic of flaps. They have been used in such a variety of ways that it takes several chapters to trace the progression.