

# The use of MRI-scans to assess velopharyngeal insufficiency in cleft palate patients

Published: 27-06-2024

Last updated: 08-02-2025

The key objective of this study is to determine the clinical significance of using MRI scans as a diagnostic tool to assess velopharyngeal insufficiency in cleft palate patients.

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Pending
<b>Health condition type</b>	Musculoskeletal and connective tissue disorders congenital
<b>Study type</b>	Observational non invasive

## Summary

### ID

NL-OMON56871

### Source

ToetsingOnline

### Brief title

The use of MRI-scans to assess VPI

### Condition

- Musculoskeletal and connective tissue disorders congenital

### Synonym

Velopharyngeal insufficiency; hypernasal speech

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Amsterdam UMC

**Source(s) of monetary or material Support:** Ministerie van OC&W

## Intervention

**Keyword:** Cleft palate, MRI, Velopharyngeal insufficiency

## Outcome measures

### Primary outcome

Differences in MRI-measured parameters of velopharyngeal anatomy between patients with cleft palate and VPI, and individuals with cleft palate without VPI. Differences in MRI-measured parameters of velopharyngeal anatomy between patients in which speech therapy/surgical treatment is/is not successful, and individuals with cleft palate without VPI.

### Secondary outcome

Secondary study parameters include the same research questions as described with regard to MRI measured parameters on velopharyngeal anatomy, applied to nasometry, speech test, nasendoscopy, oral inspection and PROMs outcomes.

## Study description

### Background summary

20-30% of children with a history of cleft palate repair develop velopharyngeal insufficiency (VPI). VPI is defined as inadequate closure of the soft palate to the posterior pharyngeal wall, resulting in hypernasality, nasal air emission and reduced speech loudness. The current golden standard in The Netherlands for assessment of VPI consists of speech tests and nasoendoscopy. However, these diagnostic tools mainly provide subjective information on velar anatomy and function. It does not allow for assessment of the position and function of the velar muscles, which have a large effect on velar function and therefore on speech. In the literature, magnetic resonance imaging (MRI) has been proposed for direct evaluation of the gap size between the soft palate and the posterior pharyngeal wall, velar mobility and the location of the velar muscles that play a role in VPI. MRI is non-invasive and free of radiation exposure. Furthermore, it has proven to be a child-friendly, reproducible, and repeatable method providing a three-dimensional view of the velopharyngeal structures and

function during speech<sup>4</sup> and is currently used in numerous cleft units in the United States. We believe that implementing MRI-scans in our standard care will improve health care for children with VPI and could influence our cleft palate surgery technique.

### **Study objective**

The key objective of this study is to determine the clinical significance of using MRI scans as a diagnostic tool to assess velopharyngeal insufficiency in cleft palate patients.

### **Study design**

Monocenter, prospective cohort study.

### **Study burden and risks**

The standard care consists of visits to the outpatient clinic, speech and language tests and nasoendoscopy. In this study, the participants will have to fill out two short surveys and visit the outpatient clinic one extra time in order to have the MRI scan. The risk of physical harm in unседated MRI is very low<sup>6</sup>, and unседated MRI without contrast agents in paediatrics meets the minimal-risk standard. In paediatric populations, the risk of considerable fear and discomfort with regard to an MRI scan is also low<sup>6</sup>. Furthermore, in case of anxiety, and aged under six years, children will be referred in order to receive additional child-friendly explanation and preparation prior to the scan. The additional information obtained with the MRI scans could lead to improved diagnosis and treatment of VPI amongst the study population. VPI is usually diagnosed and treated at the age of 4-9 years. Treatment is of great importance due to the substantial morbidity and developmental delay VPI could cause due to impairment of the child's ability to communicate in both social and educational settings. Therefore, clinically significant VPI is extremely rare amongst adults and this study will have to be carried out with minors.

## **Contacts**

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## Trial sites

### Listed location countries

Netherlands

## Eligibility criteria

### Age

Adolescents (12-15 years)

Adolescents (16-17 years)

Adults (18-64 years)

Children (2-11 years)

### Inclusion criteria

- >4 years of age
- History of non-syndromic unilateral cleft lip and palate (UCLP)
- History of cleft palate repair (Von Langenbeck technique)
- No history of secondary palate surgery
- Hypernasality
- Informed consent
- Patient <12 years of age: informed consent required from parent(s)/legal guardian(s)
- Patients 12-16 years of age: informed consent required from both patient and parent(s)/legal guardian(s)
- Patient >16 years of age: informed consent required from patient
- Patient can be well instructed with regard to the MRI scan

### Exclusion criteria

- <4 years of age
- Syndromes
- No history of UCLP
- Primary cleft palate repair with other technique than Von Langenbeck

- History of secondary palate surgery
- No hypernasality
- No informed consent
- Non removable orthodontic device
- Patient cannot be well instructed with regard to the MRI scan
- Any exclusion criteria regarding the MRI scan

## Study design

### Design

Study type:	Observational non invasive
Intervention model:	Other
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Diagnostic

### Recruitment

NL	
Recruitment status:	Pending
Start date (anticipated):	02-09-2024
Enrollment:	30
Type:	Anticipated

## Ethics review

Approved WMO	
Date:	27-06-2024
Application type:	First submission
Review commission:	METC Amsterdam UMC

## Study registrations

## **Followed up by the following (possibly more current) registration**

No registrations found.

## **Other (possibly less up-to-date) registrations in this register**

No registrations found.

## **In other registers**

<b>Register</b>	<b>ID</b>
CCMO	NL86277.018.24