

Submucosal Cleft Palate

A 25-year-old man presented to the otolaryngology clinic with hypernasal speech and regurgitation of food into the nasal cavity that had been present since childhood. He had no history of recurrent ear infections or delays in growth or language development. Physical examination revealed a bifid uvula and a submucosal defect along the midline of the hard palate that were consistent with a submucosal cleft palate. Nasopharyngoscopy revealed incomplete closure of the velopharyngeal valve. There was no notching on palpation of the posterior hard palate, and there were no other craniofacial abnormalities. Submucosal cleft palate is typically caused by an incomplete fusion of the palatine shelves with the nasal septum at the level of the hard palate and the abnormal attachment of palatal muscles in the soft palate to the posterior edge of the hard palate. The patient declined surgical treatment and was referred for speech and language therapy.