腭裂與腭咽異常臨床指引

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一、前言

將介紹腭裂與其它顏面相關症候群造成之言語障礙，包括共鳴(resonance)、構音(articulation)、及嗓音(Voice)。雖然腭咽閉鎖不全(Velopharyngeal inadequacy)通常是造成腭裂患者言語問題的主要原因，但腭咽閉鎖不全(Velopharyngeal inadequacy)也可能是單獨獨立的症狀[1]。透過專業團隊合作的評估與治療，為此類患者找到造成言語問題的原因，協助處置與復建，與人做有效的溝通[2]。

二、 腭裂與腭咽異常言語評估指引

從嬰幼兒時期盡早開始定期評估[3]、或手術前後進行共鳴(resonance)、構音(articulation)、及嗓音(voice)評估，以了解腭咽閉鎖功能(velopharyngeal function)以及說話清晰度的變化[4]，與顱顏外科醫師以及主要照顧者或患者本人訂定適當的言語復健計畫。

(一) 目的

定期了解並追蹤患者的共鳴(resonance)、構音(articulation)、及嗓音(voice)的變化，決定是否再進一步透過儀器檢查確定腭咽閉鎖功能，作為是否接受手術或言語復健的依據[5]。

(二) 內容

1. 早期言語發展觀察

   研究顯示唇顎裂患者可能會有語言發展遲緩[3, 6]。定期追蹤監控兩歲半到三歲之前嬰幼兒患者的非口語和口語溝通能力以及子音母音的發展狀況[7]、進食吞嚥狀況、親子互動狀況和主要照顧者語言引導技巧等，除了可以促進早期的語言發展，也可以提升構音的正確率[2, 8, 9]。

2. 言語評估

   三歲開始視情況提供定期追蹤評估，評估內容應包括共鳴(resonance)、構音(articulation)、及嗓音(voice)以及其他相關可能影響因素，包括:語言溝通能力、顏面及口腔結構、聽力、和腭咽相關手術史等[10]。評估時可以透過察覺以下的言語表現來判斷患者的腭咽閉鎖功能 (velopharyngeal function)[11, 12]。

   1) 鼻腔共鳴的程度
   2) 是否鼻漏氣(nasal emission)以及對子音的影響
   3) 說話時口腔氣流或口內壓(intra-oral pressure)是否不足
   4) 說話時是否鼻翼或臉上其他部位出現皺褶(nasal or facial grimace)
   5) 嗓音表現[1]:喉部錯誤用力而造成音聲障礙，會影響對鼻音的判斷

6) 構音錯誤型態[13, 14]:代償性構音錯誤(compensatory errors)或普遍性構音錯誤(obligatory errors)

7) 其他相關因素:顏面外觀觀察、相關症候群、口腔內部結構、鼻腔呼吸道、牙齒咬合等[15]

臨床的言語評估結果將是決定後續相關處置的指標，包括繼續定期追蹤、接受言語或構音訓練、轉介其他醫療處理(例如:中耳炎等)、或懷疑腭咽閉鎖不全(velopharyngeal inadequacy)需進一步接受儀器檢查等[5]。

3. 客觀的儀器檢查[5]

臨床主觀知覺評估若病人出現鼻腔共鳴異常、鼻漏氣或子音鼻音化、代償性構音或口腔氣流不足、或伴隨有鼻翼皺摺、聲音沙啞等，則懷疑可能有腭咽閉鎖不全者需進一步接受儀器檢查，常用的客觀儀器檢查包括鼻咽內視鏡檢查(nasalpharyngeal Scope)[16, 17]和電視螢光攝影檢查(videofluoroscopy)[18,22]。透過儀器檢查可以客觀的觀察並解釋病人是否有腭咽閉鎖不全(velopharyngeal inadequacy)、閉鎖不全的程度、閉鎖的型態、腭咽部其他可能會影響的結構(例如:血管畸形等)。針對腭咽閉鎖不全(velopharyngeal inadequacy)所造成的言語問題，手術是最直接也是最有效的解決方法。因此透過客觀的儀器檢查結果，語言治療師需要提供顱顏外科醫師透過咽瓣手術處置腭咽閉鎖不全的建議與手術選擇[19]。

三、腭裂與腭咽異常言語治療指引

(一)目的

依據評估結果，提供病人後續治療與復健的選擇和計畫，幫助病人最佳利用自己的器官條件，提升說話溝通能力[16]。

(二)內容

1.早期觀察與建議

針對兩歲半到三歲之前嬰幼兒患者提供整體語言和音韻的誘發技巧給主要照顧者[9]，包括提升語言溝通能力的技巧、引導模仿不同的聲音、以及忽略不正確的發音的方法[3, 8]。避免家人因過度緊張或關心造成嬰幼兒病患發展出不恰當的語言和構音。

2.進食與吞嚥建議[20]

與專科護理師合作提供嬰幼兒病患合適的進食與吞嚥介入，包括:協助正確及有效的吸吮、提供特殊奶瓶和其他餐具建議與使用方法的指導、以及副食品的提供原則[21]。

3.構音或音韻訓練[22, 23]

針對評估結果的構音或音韻錯誤型態於幼兒時期及早提供適當密集的傳統構音訓練[22, 24]、音韻治療策略[8, 25, 26]、或同時結合傳統和音韻治療的訓練[27, 28]，以及由治

療師提供策略讓主要照顧者執行訓練[9, 29]。

針對代償性的構音錯誤(例如：喉塞音)可以透過提供正確發音位置的引導與誘發來改善[30]；對於使用錯誤的氣流方向或不正確的用力方式說話的患者，可以透過學習正確的發音方法和氣流方向來提升清晰度[12, 31]；另外，也可能依不同患者的狀況與器官條件，治療目標可以是一般正常的構音，但也可能是視狀況調整的暫時替代發音。

4.牙蓋板(Prosthetics dental plate)[32]

與牙科醫師合作，考量患者的條件，若當下不適合手術改善腭咽閉鎖功能，建議轉介牙科醫師做牙蓋板，暫時性的提供較合宜的說話共鳴條件，以利語言治療的進行。

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