

Non-Syndromic Congenital “MACROCHEILIA”: A Case Report

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Abstract:

Oral lichen planus is a chronic inflammatory disease of immune origin which can affect the skin, oral mucosa, and other mucous membranes. The etiopathogenesis has not been completely revealed. It has been observed that OLP affects from 0.1 to about 4% of individuals, occurring mostly in middle-aged adults, with a female predominance. The relationship between the thyroidism and oral lichen planus (OLP) remains a controversial subject for clinicians. Many studies aimed at studying the association between thyroid disorder and OLP has been conducted over the years. Geographical variations have been shown to be a major factor influencing this association. In the present review article, an effort was made to find out any possible correlation with the thyroid disorders among the patients diagnosed for OLP.

Keywords: Oral Lichen Planus; Correlation; Thyroid disorders

Introduction

Macrocheilia or double lip is an uncommon disorder of lip involving either or both but commonly the upper lip. It is characterized by excessive tissue sagging below the usual with thicker wider appearance of lip and a fold of excess hypertrophic tissue on mucosal side of the affected lip. In rare cases involvement of isolated lower lip can be seen. It may be congenital or acquired. Surgical excision with maintenance of esthetics is the commonly followed treatment modality. Recurrence after surgery is extremely rare in congenital cases. Upper lip is divided into two transverse zones pars glabra (outer smooth zone close to skin) and pars villosa (inner zone similar to the mucosa of the oral cavity). Congenital double lip is the hypertrophy of inner zone or pars villosa during 2nd and 3rd month of gestation. Acquired double lip can be caused by trauma and oral habits example sucking lip between diastemal or between ill fitting dentures.^{1,2,3,4} It may occur in association with or as part of Ascher's syndrome which is characterized by double upper lip, blepharochalasis, and nontoxic thyroid enlargement, though the thyroid enlargement may be evident in only 10-50 percent of reported cases.^{5,6} The case presented in this article is eventually diagnosed in 61 year old male patient having non-syndromic congenital maxillary double lip without any other features of Ascher's syndrome.

Case Report:

A 61-year-old male patient reported to department of oral medicine and radiology with complaint of difficulty in chewing food since 3 months. History of present illness revealed that patient went under total extraction three months back. The patient did not mention any other significant medical history. Oral examination revealed completely edentulous alveolar residual ridges with mouth opening within normal limits and no facial asymmetry found. During oral examination a fold on upper lip when the mouth opened was appreciated which becomes more prominent on smiling (Figure-1). The overlying mucosal tissue of lip appeared intact and smooth, with no palpable masses or surface changes. There was no family history of double lip, history of trauma or surgery to lip, parafunctional habit and pain in lip reported by patient. Also there were not any other associated congenital abnormalities seen. Patient reported that this double lip is present since childhood and never felt any problem in speech and mastication, and thus never bothered for surgical excision for cosmetic concern. Patient was examined for other features like

blepharochalasis and thyroid enlargement or unilateral eyelid ptosis, hypertelorism, blepharophimosis, broad nose with broad nasal tip, bilateral third finger clinodactyly, high arched palate to rule out Ascher's syndrome and other related syndromes. On the basis of history and clinical examination, a provisional diagnosis of non-syndromic congenital maxillary double lip was made. Patient was referred to prosthodontics department for complete denture prosthesis and was also advised surgical excision of double lip for cosmetic reasons. However, the patient didn't accept surgical procedure.



Figure-1: Double maxillary lip.

Discussion:

Double lip also known as “Macro cheilia” is an uncommon congenital or acquired anomaly of upper or lower lip commonly seen in males. Maxillary lip is commonly affected. It may be seen with central constriction due to attachment of upper labial frenum as seen in present case. Congenital double lip is enlargement of the lip either due to glandular tissue hyperplasia and is non-inflammatory in nature. It also results from persistence of the horizontal sulcus between the developing parts of lip called outer zone or pars glabra and inner zone or pars villosa in 2nd and 3rd gestation period.^{7,8}

Clinical features of double lip include difficulty in speech, mastication and most commonly cosmetic concern. Double lip appearance is most evident while smiling after eruption of permanent dentition. During smiling contractions of the muscle orbicularis oris exaggerates the horizontal sulcus, retracts the lip and places the mucosa over the maxillary teeth giving a double lip appearance. Reoccurrence of double lip was reported in acquired cases. Double lip is sometimes associated with Ascher syndrome which is characterized by triad of blepharochalasis,

double lip and nontoxic thyroid enlargement where thyroid enlargement is not seen in all cases. Double lip should be differentially diagnosed from heman giomaly-m-phangioma, angioedema, chellitis glandularis mucoele, inflammatory fibrous hyperplasia, vascular tumour, chellitis granulo-matos is and salivary gland tumours.^{9,10,11,12}

Treatment of double lip included surgical excision which is commonly done for cosmetic reasons. Surgery is also indicated when the hyperplastic tissue of double lip interferes with normal speech and mastication. Surgical excision is done under general or local anesthesia where excision of excess mucosa and submucosa is done without involving the underlying muscular layer. In cases of double lip with central constriction double elliptical incisions combined with central vertical Z plasty and W plasty are the surgical procedures of choice.^{3,12}

In the present case the double lip patient did not reported any discomfort during mastication and speech. He was also not concerned with esthetics to justify surgical treatment.

Conclusion:

To conclude surgical excision of double lip is done for cosmetic purpose and when it interferes with normal speech and mastication. Careful oral examination should be done to rule association with any syndrome.

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