Short Communication

Congenital maxillary double lip

Abstract

Double lip, also referred to as "macrocheilia," is a rare anomaly which affects the upper lip more commonly than the lower lip. It consists of a fold of excess or redundant hypertrophic tissue on the mucosal side of the lip. The congenital double lip is believed to be present at birth and becomes more prominent after eruption of teeth. It affects esthetics and also interferes with speech and mastication. Simple surgical excision produces good functional and cosmetic results. We report a case of a non-syndromic congenital maxillary double lip in a 21-year-old male patient.

Key words:
Congenital, double lip, maxillary

Introduction

A double lip is a rare anomaly characterized by a horizontal fold of redundant mucosal tissue that is situated proximal to the vermilion border. It may be either congenital or acquired and has no gender or race predilection.[1] It occurs most often in the upper lip, although both upper and lower lips are occasionally involved. The deformity may be present at birth and become more prominent as the patient grows. It may occur in isolation or as a part of Ascher's syndrome.[1,2] The treatment of these cases is surgical and is usually indicated for cosmetic reasons when double lip leads to facial disfigurement, or for functional reasons if it interferes with speech and mastication. Recurrence after surgery is extremely rare in congenital cases.[2] We report a case of a non-syndromic congenital maxillary double lip in a 21-year-old male patient.

Case Report

A 21-year-old male patient reported to the Department of Oral and Maxillofacial Surgery with the chief compliant of deformed upper lip which was present since birth. He denied any complaints other than cosmetic ones. During the course of the examination, an extra fold of redundant tissue was present on the inner surface of the upper lip [Figure 1]. The overlying mucosal tissue appeared intact and smooth, with no palpable masses or surface changes. There were no other associated congenital abnormalities. Provisional diagnosis of congenital bilateral upper double lip was made and surgical excision was planned under local anesthesia. The redundant mass was demarcated and excised by a transverse elliptical incision from one commissure to another with central Z plasty using blunt and sharp dissection [Figures 2 and 3]. Care was taken not to excise much of the hyperplastic lip tissue to avoid loss of lip dimension postoperatively. The minor salivary glands in the field were also removed. The surgical defect was closed using interrupted 3-0 polyglactin suture. A light pressure dressing was placed over the upper lip for the first 24 h. No postoperative problems were observed, and the cosmetic result was satisfactory [Figure 4]. Histopathologic report of the specimen showed normal labial mucosa with mucosal glands and capillaries. Patient was followed up for 1 year and no recurrence was observed.

Discussion

Double lip is an uncommon congenital or acquired anomaly that can have important consequences for the patient. Double upper lip may be present with central constriction due to attachment of upper labial frenum, which is similar to our

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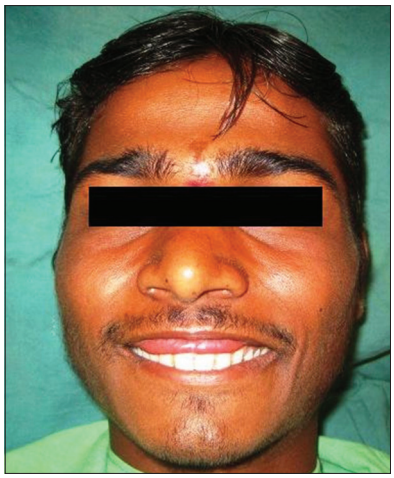

Figure 1: Frontal view showing maxillary double lip

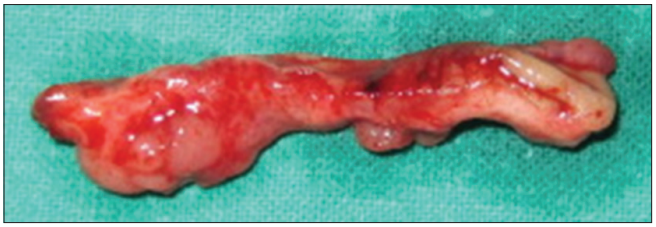

Figure 3: Excised redundant tissue of the upper lip

case, but cases without central constriction have also been reported.[2] The treatment of double lip is surgical, which is mostly done for cosmetic reasons. Sometimes surgery may be necessary when hyperplastic tissue interferes with speech and mastication. The surgery involves excision of excess mucosa and submucosa without involving the underlying muscular layer. Treatment can be done either under general or local anesthesia.[3,4] In case of central constriction of the lip, double elliptical incisions combined with central vertical Z plasty can be used. However, W plasty can also achieve similar results.[3] Double lip may also develop in association with Ascher's syndrome which consists of the triad of blepharochalasis, nontoxic thyroid enlargement, and double lip.[5,6] The association of congenital double lip with other abnormalities such as bifid uvula and cleft palate has also been reported.[4] Another uncommon acquired condition is cheilitis glandularis, an inflammatory hyperplasia with varying degrees of inflammation of the lower labial salivary glands.[6] The etiology of cheilitis glandularis is unknown, although familial inheritance and congenital predisposition, bacterial infection, and irritation from sun, chemicals, and tobacco are other causes.[7,8] In conclusion, treatment of congenital double lip is indicated when the excess tissue interferes with mastication and speech or is of esthetic concern to the patient. Other associated clinical findings should be ruled out before the final diagnosis and surgical treatment.

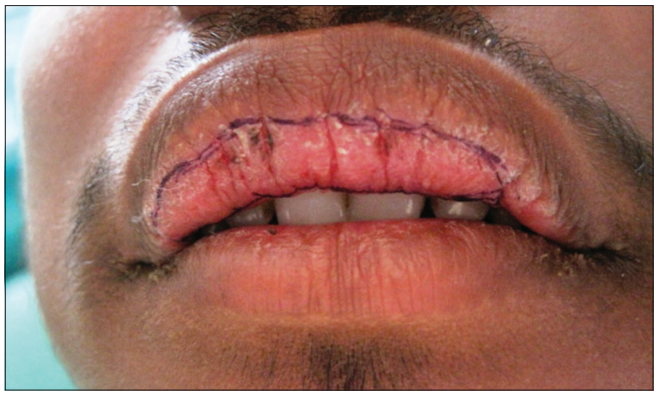

Figure 2: Photograph showing incision markings on the inner surface of the upper lip

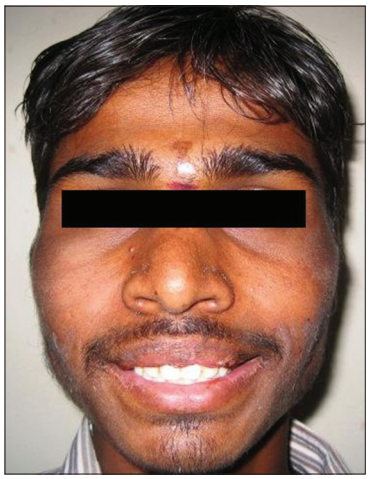

Figure 4: Postoperative photograph after 3 months

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