Congenital lip pits and fistulas

Paramedian lip pits
Rare congenital invaginations of the lower lip

Etiology

- Arise from persistent lateral sulci on the embryonic mandibular arch

- Notching of the lip in the early stage of development
Clinical features

- Unilateral or bilateral

- Subtle depression to blind sinuses upto depth of 1.5 cm

- Sparse mucous secretions may exude from the base of the pit

- Associated with
  - van der Woude syndrome
  - Popliteal pterygium syndrome

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Histopathologic features

- Tract lined by stratified squamous epithelium
- Minor salivary glands connected to sinus opening
- Chronic inflammatory cell infiltrate in the surrounding connective tissue
Commissural lip pits
Small mucosal invaginations at the corners of the mouth

Etiology

- Failure of normal fusion of the emryonal maxillary and mandibular process
- Autosomal dominant transmission
Clinical features

- Adult age
- Males > Females
- Unilateral or bilateral
- Blind fistula extending upto 1 to 4mm
Cheilitis Glandularis
Uncommon and poorly understood inflammatory disorder of the lip characterized by progressive enlargement and eversion of the lower labial mucosa

Considered a potential **predisposing factor for development of squamous cell carcinoma**
Etiology

- Chronic irritation
- Actinic damage
- Tobacco
- Syphilis
- Poor oral hygiene
- Heredity
Clinical features

- Characteristically occurs on the lower lip
- Middle aged and older males
  - Most frequently between the 4th and 7th decade of life
- Initially stars as asymptomatic lip swelling with clear viscous secretion
- Burning and sensation of rawness
- Atrophy, leukoplakic change, erosion, frank ulceration with crusting

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Three clinical types

Simple type
- Multiple papular surface lesions with central depression

Superficial suppurative type (Baelz disease)
- Painless indurated swelling with shallow ulceration and crusting

Deep suppurative type (cheilitis glandularis apostematosa)
- Deep seated infection with formation of abscess and crusting
Histologic features

- No particular pathognomonic feature

- Minor salivary glands may show nonspecific sialadenitis
  - Atrophy or distention of acini
  - Ductal ectasia with or without squamous metaplasia
  - Chronic inflammatory infiltration
  - Interstitial fibrosis
  - Suppuration and sinus tract
Chelitis granulomatosa

Miescher-Melkerson-Rosenthal Syndrome
Chronic swelling of the lip due to granulomatous inflammation

- When only lip involvement → **Meischer’s cheilitis**
- When cheilitis is associated with facial paralysis and fissured tongue → **Melkerson-Rosenthal Syndrome**
Etiology

- Unknown

- May be associated with
  - Crohn’s Disease
  - Sarcoidosis
  - Orofacial granulomatosis

- Genetic predisposition and familial occurrence

- Abnormal immune reaction

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Clinical features

- Non-tender swelling and enlargement of both or one of the lips

- Upper lip > lower lip

- May be episodic in nature or persistent

- May eventually become painful and acquire firm rubbery consistency

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Melkerson-Rosenthal syndrome

- Lip enlargement
- Fissured tongue
- Cobblestone appearance of buccal mucosa
- Facial paralysis

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Histopathological findings

- Focal perivascular aggregates of non-caseating granulomas
  - Lymphocytes
  - Plasma cells
  - Histiocytes and epithelioid cells
  - Langhan’s type giant cells
Labial and oral maelanotic macule
Focal area of melanin deposition in the oral mucosa

Causes

- In response to chronic conditions
  - Mechanical trauma
  - Tobacco smoking
  - Chronic autoimmune mucositis

- Racial background

- Systemic medications
  - Chloroquine
Clinical features

◊ Females > males

◊ Middle age

◊ Vermilion border of lower lip → most common site

◊ May be multiple

◊ Well demarcated, tan to brown

◊ Less than 7mm
Histopathologic features

- Normal stratified squamous epithelium

- Abundant melanin deposition within keratinocytes

- Melanin incontinence

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Developmental disturbances of the oral mucosa
Fordyce granules
Heterotopic collection of sebaceous glands at various site of the oral cavity

Reported in more than 80% of the population → considered to be a normal anatomic variation
Clinical features

- Multiple, asymptomatic, yellow or yellow-white papules
- Buccal mucosa $\rightarrow$ most common
- Labial mucosa $\rightarrow$ 2nd most common site
- More common in adults
  - Increased incidence after puberty due to hormonal stimulation of sebaceous gland development
Histopathologic features

- Sebaceous glands identical to those found in skin except lack of hair follicles