CHEILITIS GRANULOMATOSA
Report of two Cases with Clinical and Diagnostic Implications

Presented By
Dr. Amar Sholapurkar

Under the guidance of
Dr. Ausaf Ahsan

Department of Oral Medicine & Radiology, MCODS, Manipal.
Introduction

• Cheilitis granulomatosa is a rare inflammatory disorder of unknown origin.
• The clinical recognition of this condition is important as is the subsequent investigation by an appropriate specialist.
Introduction...

- Multiple causes
- Clinical features
- Accurate diagnosis
- Effective treatment
Introduction...

- **Age of onset** – 2\textsuperscript{nd} decade of life with female predilection.

- **Estimated incidence** – 0.08%

- We describe **two cases of cheilitis granulomatosa**, highlight to the general practitioner, the importance of differentiating this condition from other lip swellings.
Chief complaint

case 1
- 66 yr old female patient – swelling of lower lip since 1 year.

case 2
- 31 year old male
- Persistent painless swelling of upper and lower lip since 2 years
History of present illness

Case-I & Case-2

- lower lip became so swollen that it completely everted, compromising both speech and mastication.

- Patients c/o a cosmetic and very disturbing lip swelling

- painless & persistent.

- Swelling of both upper and lower lip occurred simultaneously.
History of present illness....

• No h/o insect bite nor allergy to any substance.

• No h/o pus discharge, fever or any systemic symptoms.

• No h/o trauma or infection.
History of present illness....

• No h/o GI symptoms.

• No past h/o tuberculosis.

• No episodes of facial paralysis.

• Both patients consulted family physician – antihistaminics prescribed – swelling did not subside.
Past Medical History, Family History and Dental History.

- Nothing relevant was reported.
- no oral habits.
Case 1
- Enlarged lower lip and middle 1/3\textsuperscript{rd} of upper lip
- Lip was dry, shiny, with few fissures
- No evidence of vesicles or ulceration

Case 2
- Enlargement of both upper and lower lips.
- Minor salivary ductal openings - not inflammed
- No evidence of vesicles or ulceration
• Diffuse swelling which was everted to a large extent exposing the vestibular mucosa. (case 1)
Palpation revealed (case 1 & 2)

- No evidence of local rise in temperature.
- Non tender and diffuse
- Rubbery in consistency.
Case 1

- **TMJ examination**
  - Clicking was heard on right TMJ on opening the mouth.

- **Lymph node examination**
  - Right Submandibular lymph nodes were palpable, mobile and non tender.

- **Facial nerve examination**
  - Normal.

Case 2

- **Facial nerve examination**
  - Normal

- **Lymph node examination**
  - Not Palpable

- **TMJ examination**
  - Normal
<table>
<thead>
<tr>
<th>Location</th>
<th>Case 1</th>
<th>Case 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dorsum of tongue</td>
<td>• Normal surface papillae without fissuring.</td>
<td>• Normal surface papillae without fissuring.</td>
</tr>
<tr>
<td>gingiva</td>
<td>• No enlargement</td>
<td>• Prominent enlargement</td>
</tr>
<tr>
<td>Buccal mucosa</td>
<td>• normal</td>
<td>• Nodular enlargement</td>
</tr>
</tbody>
</table>
INTRAORAL EXAMINATION (case 2)

- Buccal mucosa nodular enlargement
- Gingiva prominently enlarged
DIFFERENTIAL DIAGNOSIS

Cheilitis Granulomatosa
- 1st diagnosis because of the presenting features. Labial tissues demonstrated a non tender, persistent swelling, with no h/o allergy, fever, trauma, infection or other systemic symptoms.

Melkersson-Rosenthal syndrome
- No signs of facial paralysis or fissured tongue.
Cheilitis glandularis
Absence of
• enlargement of labial salivary glands
• Nodular texture of lip.
• Inflamed erythematous duct orifices on labial mucosa.

Angioedema
• No h/o allergy to any substance.
• The swelling was not recurring.
• Did not subside even on treatment with antihistaminics.
Sarcoidosis

• No symptoms of fatigue, lethargy or any skin lesions, mediastinal involvement, and involvement of lungs or liver.

Crohn’s disease

• No GI symptoms
Lymphangioma

- Congenital lesion

Hematoma, hemangioma and Ascher’s syndrome were other less likely diagnosis included.
INVESTIGATIONS (case 1 & 2)

Incisional biopsy of lower lip

- Biopsy specimen revealed – non caseating granulomatous infiltrates consisting of lymphocytes, foamy histiocytes, epitheloid cells and Langhan’s type of multinucleated giant cells.

- No foreign body

Case 1

Case 2
Investigations...

Routine hematological tests
• normal

Silver methanamine stain
• Negative for fungal hyphae

Z-N stain
• Negative for TB bacilli

Chest radiograph
• Normal
FINAL DIAGNOSIS
(Case 1)

Based on history, examination, investigations and by ruling out other conditions

CHEILITIS GRANULOMATOSA
FINAL DIAGNOSIS
(Case 2)

Orofacial granulomatosis with cheilitis granulomatosa as its component.
• Intralesional injection of triamcinolone acetonide – 10 mg/mL weekly for 8 weeks.
• Lip and buccal mucosa regained the normal consistency.
• Gingiva did not respond to treatment – gingivoplasty was advised.
CONCLUSION

• Cheilitis granulomatosa remains an enigmatic disorder with multiple causes.

• The dental practitioner is likely to encounter patients with this disorder and hence correct diagnosis is imperative which can play a major role in its successful management.