

CHEILITIS GRANULOMATOSA

*Report of two Cases with Clinical
and Diagnostic Implications*

Presented By

Dr. Amar Sholapurkar



Under the guidance of

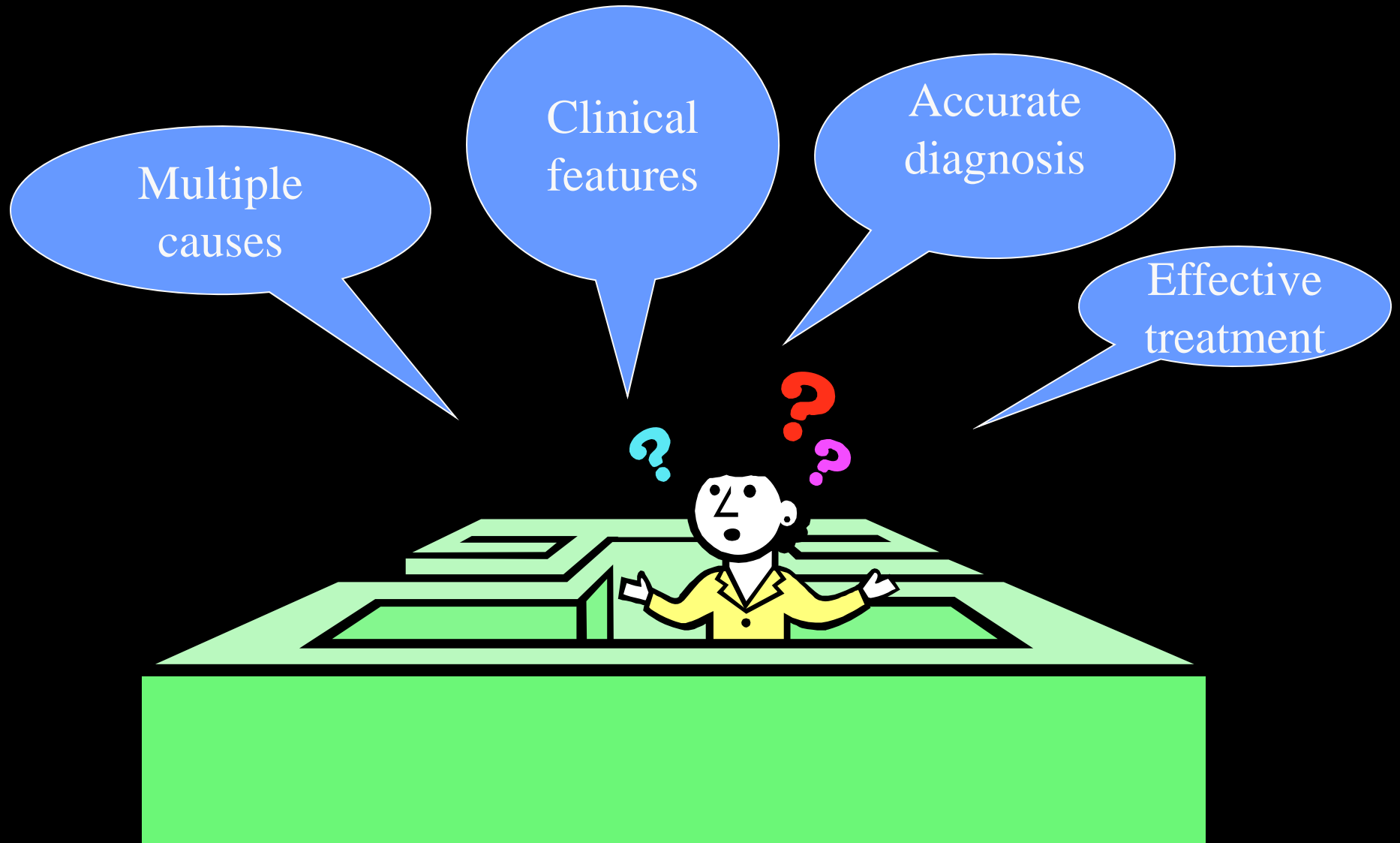
Dr. Ausaf Ahsan

Department of Oral Medicine & Radiology,
MCOADS, 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...



Introduction...

- Age of onset – 2nd 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-1 & 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.

EXTRAORAL EXAMINATION (Inspection)

Case 1

- Enlarged lower lip and middle 1/3rd 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

Case 2

TMJ examination

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

- Normal

Lymph node examination

- Right Submandibular lymph nodes were palpable, mobile and non tender.

- Not Palpable

Facial nerve examination

- Normal.

- Normal

INTRAORAL EXAMINATION

case 1

case 2

Dorsum
of tongue

- Normal surface papillae without fissuring.

- Normal surface papillae without fissuring.

gingiva

- No enlargement

- Prominent enlargement

Buccal
mucosa

- normal

- Nodular enlargement

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

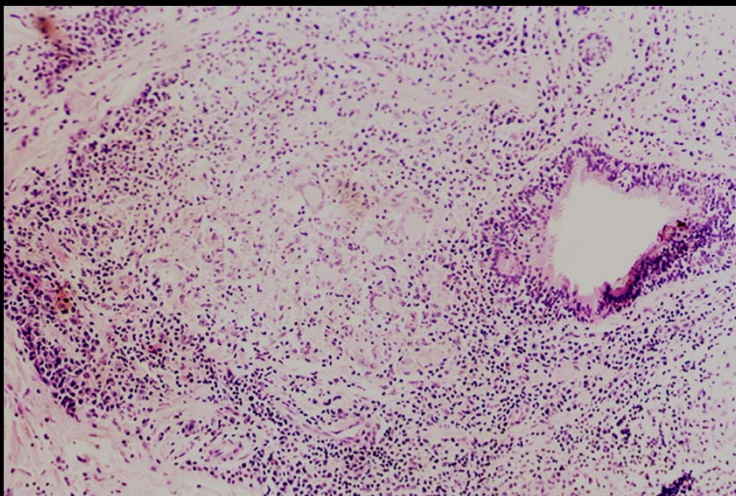
Hematoma, hemangioma and Ascher's syndrome were other less likely diagnosis included.

INVESTIGATIONS (case 1 & 2)

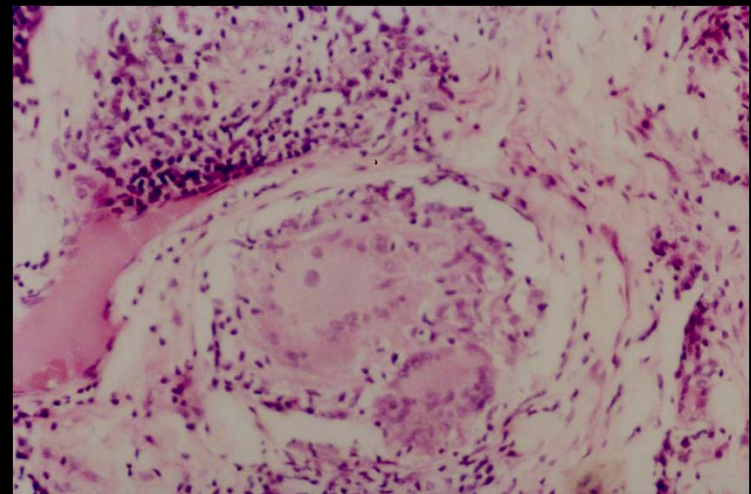
Incisional biopsy of lower lip

- Biopsy specimen revealed – non caseating granulomatous infiltrates consisting of lymphocytes, foamy histiocytes, epithelioid 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**

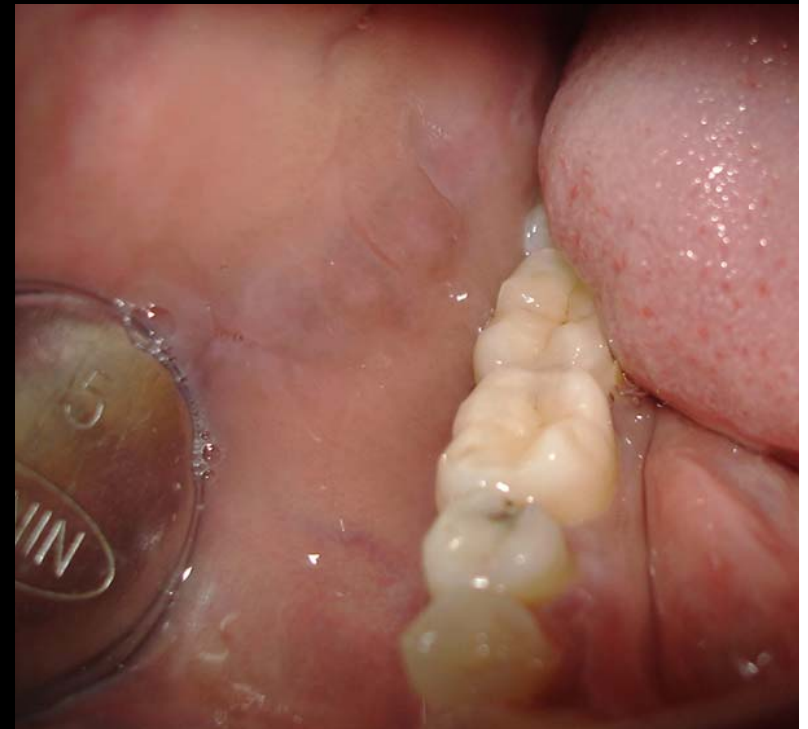
FINAL DIAGNOSIS
(Case 2)



***Orofacial granulomatosis with
cheilitis granulomatosa
as its component.***

TREATMENT

- 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.





→ **Pre-Treatment**

Post-Treatment →



Pre-Treatment



Post-Treatment



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.

THANK YOU

