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REDUCTION CHEILOPLASTY FOR DOUBLE UPPER LIP- A CASE REPORT.

Dental Science

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ABSTRACT

Lips are the visible part of the mouth of humans and animals. Congenital or acquired excess tissue on the inner mucosal aspect of the lip is referred to as double lip. It is characterized by excessive tissue sagging below the usual, giving it thicker wider appearance. This article presents a case report of 18 year old female with this deformity and how it is surgically operated with a simple surgical technique

KEYWORDS

INTRODUCTION:

Lips are soft, movable, and serve as the opening for food intake and in the articulation of sound and speech and form an important aspect of facial feature marking ones personality ."Beauty is power; a smile is its sword". Lips help in expressing smile; the most pleasant human expression.

Double lip is an infrequent anomaly involving either or both but mainly the upper lip[1]. It is characterised by the presence of a fold of excess or redundant hypertrophic tissue on mucosal side of the lip caused by excessive areolar tissue and non inflammatory labial mucous gland hyperplasia[2].

It either occurs in isolation or as a part of Ascher's syndrome which is a triad of symptoms double lip, blepharochalasis and euthyroid goitre. Isolated double lip is rare. Double lip deformity can be a result of trauma or oral habits such as sucking lip between diastema or between ill fitting dentures.

CASE REPORT:

Fig1: Preoperative clinical photograph at rest position

Intra orally vestibular depth appeared normal with adequate width of attached gingiva in maxillary anterior region. High labial frenal attachment was seen. Dental occlusion appeared to be normalHoldaway soft tissue cephalometric analysisCephalometric analysis of hard tissues and soft tissues of the patient were done which revealed upper lip thickness of around 16mm (normal range 13-15mm) and upper lip strain of 2.5mm(normal An 18 year old female patient reported to the Department of Oral and Maxillofacial Surgery with a complaint of having large upper lip since childhood. Clinical examination revealed a thick upper lip even at rest and central notching which got accentuated when the patient smiled or showed her teeth, with excessive transverse fold on the mucosal aspect. There was midline separation of the lip. Not associated with blepharochalasis of the upper eyelids and thyroid enlargement.(i.e., Non-syndromic double upper lip).

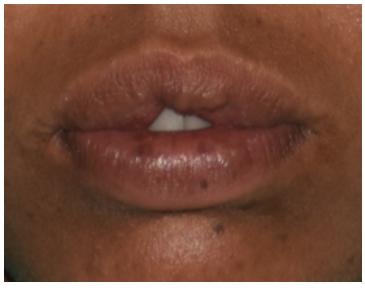
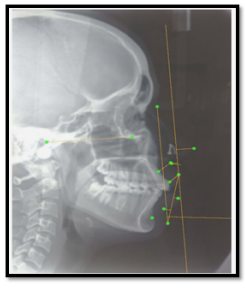


Fig2: clinical photograph of lips at rest position

range1-2mm).



Lip thickness is measured near the base of the alveolar process 2 mm below point A to the outer border of upper lip.

Lip strain: upper lip thickness minus the distance b/w vermillion border of upper lip to labial surface of incisors.

Post surgical instructions were given. Sutures were removed on 7th day of surgery. Thorough irrigation of the wound site with 0.1% povidone iodine was done. Oral hygiene instructions were given to the patient. Recall follow ups were done at the end of 1 and 3 months and 1 year.

Surgical procedure was performed under Local anaesthesia. 2% lignocaine with adrenaline was instituted. Bilateral infraorbital nerve blocks were given. Infiltration was given around the tissue to be excised. An elliptical incision was given around the tissue to be

excised. Using straight scissor blind dissection of the submucosal tissue of the lip was done. After the dissection the area was irrigated with normal saline. After excision wound was sutured with 3-0 silk suture. Healing was uneventful and patient was satisfied with the aesthetic outcome.

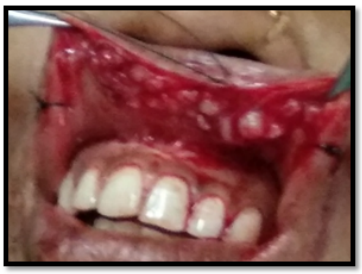


Fig3: intraoperative photograph showing incision

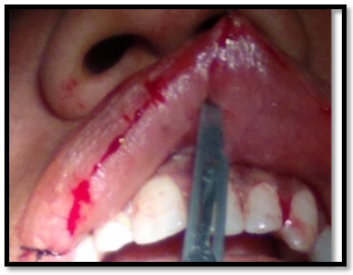


Fig4: intraoperative photograph showing excision

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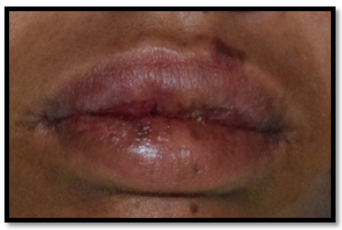

Fig5: post operative rest position of lips.

DISCUSSION:

Congenital double lip is non-inflammatory enlargement of the lip either due to glandular tissue hyperplasia or due to persistence of the horizontal sulcus between the developing parts of lip namely pars glabrosa and pars villosa during second to 3rd week of gestation[3]. During foetal period the mucosa of the upper lip is divided into two transverse zones namely pars glabrosa and pars villosa3.

Pars glabrosa is the outer smooth zone close to skin. Pars villosa is the inner zone similar to the mucosa of the oral cavity[3.] Double lip is the result of hypertrophy of the pars villosa which usually arises during the 2nd and 3rd month of gestation[4]. Exaggerated horizontal sulcus persistent between the pars glabrosa and pars villosa give rise to the congenital type of anomaly. When the lip is tensed, pars villosa sags below the pars glabrosa giving it characteristic appearance.

Clinical features of congenital double lip usually become apparent after the eruption of the permanent teeth. It is generally reported that the upper double lip is not evident at rest but when the lip is tensed as during smiling, laughing or attempting to show teeth[5].

Double lip has been shown to be associated with some syndromes. Congenital double lip may either occur in isolation or a part of syndrome[6].

Laffer in 1909 described double lip associated with blepherochalasis. Ascher an ophthalmologist in 1920 described a triad of double upper lip, blepherochalasis and non-toxic thyroid enlargement. It is transmitted as autosomal dominant disorder with unknown aetiology. Subject in the current report did not show any of the features of blepharochalasis or thyroidism, so syndromic aetiology was ruled out. Most cases of this condition are associated with aesthetic concern; very few also show functional interference. Management is aimed at both the functional and aesthetic improvement. Surgery is the only way out to treat the condition till date. Reduction in the height of the lip is the aim of the surgery with the key area of focus being sutures. Vicryl or polyglactin is the preferred suture for subcutaneous tissues. Muscle fibres can interfere with healing by mobilising the site leading to inappropriate outcomes like recurrence.

The present technique could successfully manage the deformity with no intra or postoperative complications. The above was a simple technique with good aesthetic outcome. No recurrence was observed within a period of 12 months.

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