



## CHEILITIS GRANULOMATOSA – A CASE REPORT

## Dermatology

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## ABSTRACT

Cheilitis Granulomatosa also known as Miesher Granulomatous Macrocheilitis or Granulomatous Cheilitis is recurrent edema of one or both lips. When associated with recurrent facial nerve palsy and scrotal tongue, it is called as Melkerson Rosenthal syndrome<sup>1</sup>. We hereby report a rare case of Cheilitis Granulomatosa with a good response to Dapsone.

## KEYWORDS

Cheilitis Granulomatosa, Melkerson Rosenthal syndrome, Dapsone

## INTRODUCTION:

Cheilitis Granulomatosa is a condition with chronic and recurrent painless swelling of one or both lips due to granulomatous inflammation of unknown etiology. Melkerson Rosenthal syndrome (MRS) is a triad consisting of recurrent edema of lips, recurrent facial nerve palsy and scrotal tongue. We hereby report a case of Cheilitis Granulomatosa which showed good response to Dapsone.

## CASE REPORT:

A 42 year old male patient came to the Dermatology OPD with swelling of left side of lower lip since one and a half years. The swelling was gradually increasing in size. There was slight pain and discomfort around the mouth, he had no history of itching, burning sensation or difficulty in opening the mouth. To begin with, swelling would subside completely even without any treatment, later on there was persistence of some swelling which resulted in enlargement of the lip. He had recurrent episodes of this for which he was diagnosed as and treated for Angioedema. He also complains of recurrent episodes of slight deviation of mouth to left side on smiling or talking and weakness on left side of face. He had no lesions elsewhere in the body and no constitutional symptoms.

On local examination there was a well defined, soft, noncompressible, nontender erythematous swelling of left side of lower lip, skin over the swelling was normal. There was deviation of mouth to the left side when patient was asked to smile; flattening of nasolabial fold on the left side was seen. Lower motor type of facial nerve paralysis was detected. There were plications/furrows noted on dorsum of the tongue. Systemic examination was found to be normal. The patient was started on Dapsone 100mg once daily at night for 3months following which he experienced decrease in size of the swelling, pain and discomfort.

## DISCUSSION:

Melkerson Rosenthal syndrome is a rare disorder consisting of a triad of recurrent edema of lips and/or face, scrotal tongue/fissured tongue/lingua plicata and recurrent facial nerve paralysis. Melkerson described edema of lips associated with recurrent facial nerve palsy in 1928<sup>2</sup>. Rosenthal focused on genetic factors playing a role and described furrowed tongue which was added to the disease in 1930<sup>3</sup>. In 1945, Miesher described Granulomatous Cheilitis<sup>4</sup>.

The etiology of this disorder is unknown, though a circumscribed segmental neurologic and neurovascular disturbance has been postulated. Familial cases have been reported, suggesting a genetic role. Lymphomas or Leukemias have been known to be associated with this condition. Several other factors like infections, autoimmunity, atopy, and hypersensitivity to food additives have been implicated<sup>5,6</sup>.

Mostly patients present in an incomplete form or with sequential

appearance of clinical features of the triad. The disease occurs in middle age with no gender predilection.

On Histopathology, focal perilymphatic noncaseating epithelioid cell granulomas with lymphocytes and plasma cells, lymphangiectasia and granulomatous lymphangitis can be seen<sup>7</sup>.

There is no specific treatment for this condition. Various modalities of treatment include systemic or intralesional steroids, gamma globulin, metronidazole, clofazimine, minocycline, erythromycin, azathioprine, thalidomide, sulfasalazine and cyclosporine<sup>8</sup>. Surgical excision can be done in cases with long standing enlargement of the tissue.

## CONCLUSION:

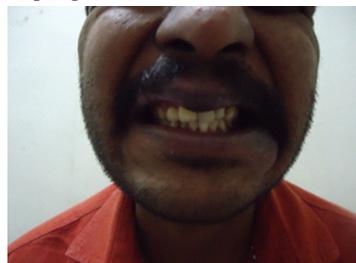
Most cases of Melkerson Rosenthal syndrome present with one or two of the features of the triad. All features of the triad are reported only in about 10-20% of cases. This case report highlights the sequential appearance of Granulomatous Cheilitis and progression to complete Melkerson Rosenthal syndrome with facial palsy. And also a fairly good response of the patient to Dapsone.

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**CONFLICT OF INTEREST:** The authors declare that they have no conflict of interest.



**Figure 1: Clinical photograph showing erythematous swelling on left side of lower lip of granulomatous Cheilitis**



**Figure 2: Clinical photograph showing deviation of mouth to the left side on smiling.**



**Figure 3: Clinical photograph showing fissures on dorsum of the tongue.**

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