

Double Lip

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Citation

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Abstract

Double lip is an oral anomaly which may be either congenital or acquired. It is sparsely reported in the literature. It occurs generally in the upper lip. In these patients a double vermilion border is apparent with a transverse furrow between the two borders when patient smiles. Treatment consists of W-plasty or elliptical excision of hypertrophic mucosa and wound closure by primary sutures.

INTRODUCTION

Double lip is rarely reported lip anomaly. It is most often congenital. But it could be acquired as a result of trauma. Typical appearance of lip was seen when the lip is tensed during smiling. It consists of a fold of excess or redundant tissue on the mucosal side of the lip.

CASE 1

A 21-year-old man was admitted to the hospital with the complaint of nasal deformity. During the course of routinely ENT examination it was noted that he had double lip deformity at his upper lip (Fig 1). When the patient smiled, a small fold of tissue could be seen extending below the vermilion of the upper lip. Neither goitre nor blepharochalasis was detected by physical examination. He had no history of trauma or operation to his upper lip. Either he had no family history. A clinical diagnosis of congenital upper double lip was made. The patient was not aware of this anomaly. Since it was not bothersome to him, no treatment was instituted.

Figure 1

Fig 1. A 21-year-old man with the deformity of congenital double lip. Note the excess of mucosa in the upper lip.



CASE 2

A 19-year-old student was seen with the complaint of nasal obstruction as a result of septal deviation. During the examination it was observed that when the patient smiled a fold of redundant tissue appeared on the left side of the upper lip (Fig 2, Fig 3). He had history of trauma to upper lip. Ten years ago he was hit the upper lip and it was lacerated. Although it was sutured in emergency room this deformity was appeared after this accident. A clinical diagnosis of traumatic upper lip was made. He did not request any treatment for this condition.

Figure 2

Fig 2. A 19-year-old student with the deformity of traumatic double lip.



Figure 3

Fig 3. Same patient as in figure 2. Note the shape of left side of upper lip when the lip is tensed



DISCUSSION

Double lip is an oral anomaly which may be either congenital or acquired. It occurs generally in the upper lip. While acquired double lip cases develop after a trauma to lips, congenital double lip is a developmental anomaly. During fetal development the upper lip mucosa consists of two transverse zones: an outer zone, which is smooth and similar to skin, the *pars glabra*, the inner zone, which is villous and similar to the oral mucosa, the *pars villosa*. The furrow dividing the double lip represents an exaggerated boundary line between the two zones. In the double lip buccal villous part becomes hypertrophic. In some patients the central constriction is apparently due to the attachment of the upper frenulum (^{1,2}). This construction was not seen in our first presented patient (Fig 1). Though the deformity can occur at birth, it usually becomes evident after the eruption

of the permanent teeth. In most instances only the upper lip is involved, although occasionally the lower lip may be affected.

Congenital double upper lip may be present either as an isolated anomaly, in random association with other oral anomalies, or as a component of Ascher's syndrome (^{1,3,4,5}). Ascher's syndrome is another uncommon entity characterized by blepharochalazis and double lip (^{1,3}). In approximately 10% of cases in Ascher's syndrome, nontoxic goiter is present (⁶).

Incidence of congenital double lip is not well known. English GM mentioned its rate of occurrence as approximately 1 in 480 Chileans and 1 in 200 white persons in Utah (⁷).

Whether congenital or acquired, a double lip may be of no concern to the patient and therefore treatment not always required. If it interferes with speech and mastication, surgical intervention would be indicated. Double lip usually may require correction only for aesthetic reasons.

Treatment consists of W-plasty or elliptical excision of hypertrophic mucosa and wound closure by primary sutures. Good functional and cosmetic results are usually obtained (^{2,3,7}). The histopathologic examination of these double lip specimens reveals mucosa with hypertrophied submucosal glands (^{4,8}).

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