

## Crusting of lips in a 13-year-old boy

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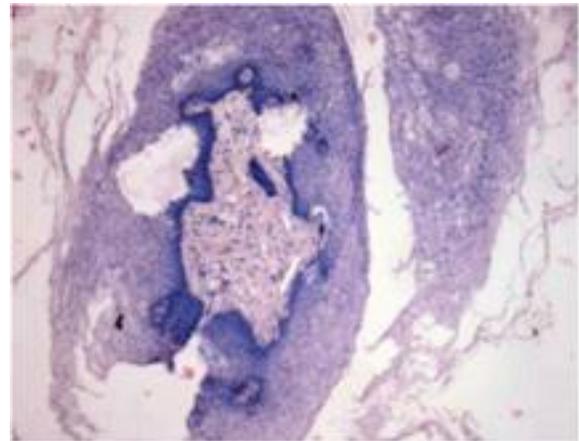
A 13-year-old boy presented with a yellowish-brown thick crusts on both lips for two and half months. His chief complaints were itching, desquamation and dryness of both upper and lower labial mucosa. The past medical history of the patient was irrelevant to the present symptoms. Clinical examination of the lesion revealed multiple yellowish brown crusted lesions on upper and lower lips measuring about 8×2 cm and 3×4 cm. Centre of the lip showed erythematous zone (**Figure 1**).

On palpation, the lesions were rough, tender and scrapable. No secondary changes or discharge were found. The lesion was not fixed to the surrounding structure. Histopathology of the lesion is shown in **Figure 2** and **3**.

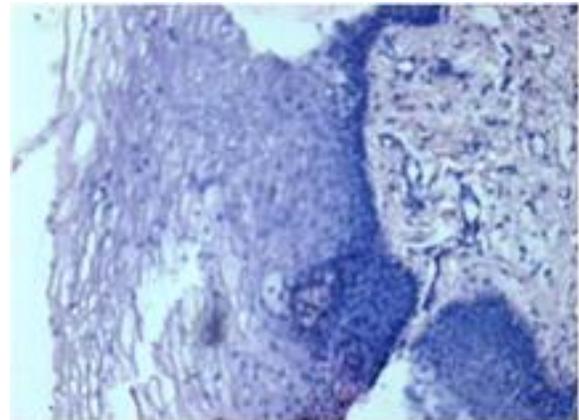
What is the diagnosis?



**Figure 1**



**Figure 2**



**Figure 3**

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## **Diagnosis**

Exfoliative cheilitis

Histopathological examination revealed hyperplastic stratified squamous epithelium showed parakeratosis. Connective tissue stroma revealed minimal perivascular infiltrate.

## **Discussion**

Exfoliative cheilitis (EC) is a rare chronic localized inflammatory condition of the vermilion border, which is characterized by the regular shedding of surface keratin layer. Vermilion is the junctional zone between the skin and mucosa, comprising a thick squamous epithelium and rich capillary network.<sup>1</sup> Symptoms of EC include tenderness and burning lips with different intensities. In some cases of EC underlying psychiatric disease may be detected. EC should be differentiated from other disorders causing persistent cheilitis such as candidal cheilitis, atrophic cheilitis, actinic cheilitis and cheilitis glandularis.<sup>2</sup>

Patients may avoid participation in society due to inappropriate appearance of lips. The cause of EC is not known, and yet there is no effective therapeutic intervention for it.<sup>3</sup>

Numerous treatments with variable efficacy are suggested for the management of EC. Topical treatments include antibacterials, antifungals, corticosteroids, sunscreen, emollients, herbal products, urea 20% ointment, tacrolimus ointment, salicylic acid ointment and cryotherapy. Systemic treatment consists of corticosteroids and antifungals.<sup>4</sup>

In the present case the patient had pain and dryness. Patient was advised topical steroids and aloe vera gel. Response of the patient to treatment was satisfactory. Patient is under follow-up for last three months.

## **References**

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