Cheilitis glandularis: A clinical report

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Cheilitis glandularis is an uncommon disease of the lips, especially of the lower lip, which is characterized by hyperplasia of minor salivary glands with varying degrees of inflammation. A case of diffuse, recurrent swelling of lower lip is presented. (Int Chin J Dent 2002; 2: 92-94.)

Key words: cheilitis, lip, salivary gland.

INTRODUCTION

Cheilitis glandularis is characterized by hyperplasia of minor salivary glands with varying degrees of inflammation.\(^\text{1,12}\) It was first described by von Volkmann in 1870\(^\text{3}\) as cheilitis glandularis apostematosa. Later it was reported under various terms such as cheilitis glandularis simpler,\(^\text{4}\) cheilitis glandularis superficials, and cheilitis glandularis apstematosa.\(^\text{3}\) About 100 cases have been published to date. Cheilitis glandularis is an uncommon condition mostly seen in adult men although cases have been reported in women\(^\text{5,6}\) and children.\(^\text{5,7,8}\) Generally the lower lip is involved but lesions involving the upper lip\(^\text{6,7,9,10}\) and familial cases\(^\text{5,7,11}\) have been reported in literature. The exact cause for cheilitis glandularis is difficult to pinpoint but numerous agents have been postulated: syphilis,\(^\text{3}\) bacterial infections,\(^\text{8}\) actinic radiation,\(^\text{12}\) tobacco,\(^\text{12}\) poor oral hygiene,\(^\text{12}\) and genetic transmission.\(^\text{12}\)

Three types of cheilitis glandularis have been described and are considered by most authors to be stages of a progressive condition. With the progression, the lip becomes enlarged, firm and everted. The simple type is characterized by multiple painless, pinhead sized lesions with central depressions and dilated canals. The superficial type, also called Baelz’s disease, is a painless swelling with induration, crusting and ulceration. When the inflammatory swelling involves the minor salivary glands of cheek and palate, it is called stomatitis glandularis. Light microscopic features are duct ectasia with inflammation of the minor salivary glands along with their hypertrophy and are surrounded by non-specific chronic inflammation. Roda,\(^\text{13}\) and Yacobi and Brown\(^\text{7}\) consider duct ectasia and inflammation of minor glands and adjacent tissue to be the essential microscopic features of cheilitis glandularis.

Various modalities of treatment have been suggested such as antibiotics,\(^\text{14}\) radiation,\(^\text{14}\) and corticosteroids.\(^\text{14}\) Schweich\(^\text{6}\) and Haldar\(^\text{15}\) reported considerable clinical improvement of superficial suppurative cheilitis glandularis after treatment by intralesional steroid injection. This report presents a case of cheilitis glandularis with diffuse, recurrent swelling of lower lip.
CLINICAL REPORT

A 35-year old female patient visited the Department of Oral Medicine and Radiology, College of Dental Surgery, Mangalore with the complaint of burning sensation in the lower lip of two years duration. The patient also noticed white spots on her lower lip starting two years previously. She consulted a local doctor who diagnosed it as leucoderma and the patient was undergoing treatment for one year. Because there was no improvement in the condition, she consulted another doctor and the medicine was changed which also did not produce any relief. She went to Department of Skin, Kasturba Medical College, where she was suspected to have discoid lupus erythematosis of lower lip and the patient was referred to the Department of Oral Medicine and Radiology, College of Dental Surgery, Mangalore. The patient complained of a burning sensation of lower lip for the past two years with no improvement. She also noticed a swelling of lower lip and stickiness of lower lip especially in the morning. On interrogation, the patient revealed that she was a housewife who had frequent sun exposure and the condition was aggravated by more sun exposure.

On clinical examination, the lower lip appeared swollen with presence of crustations. Exudate was expressed from minor salivary glands of the lip during palpation. The oral mucosa in other regions appeared normal. A clinical diagnosis of cheilitis glandularis was made and a clinical photograph was taken (Fig. 1). The patient was advised to go for a biopsy but she refused.

The patient was prescribed a topical application of corticosteroids for three weeks, starting with three times a day in the first week, followed by two times a day in the second week, and once a day in the third week. The patient was followed at weekly intervals. The patient showed improvement of the condition after one week and the condition improved further after the third week. A second photograph (Fig. 2) was taken at the end of third week and the condition had improved considerably.

Fig. 1. Inframed lower lip before the treatment (left).
Fig. 2. Improvement in condition after topical application of corticosteroids for three weeks.

DISCUSSION

Cheilitis glandularis was described more than a century ago as an inflammatory disease of the labial
The present case was referred by a skin specialist suspecting discoid lupus erythematosus, but it had characteristic clinical features of cheilitis glandularis. The sun exposure might have played a role, as the appearance of lesion was concomitant with exposure to sun. Nevertheless, cheilitis glandularis is not too common amongst other groups of people working under sunlight. It could be possible, as stated by other authors, that only those persons having a developmental hyperplasia of mucous glands might suffer from cheilitis glandularis. Reports of development of labial carcinoma from cheilitis glandularis have been reported. Treatment with an antibiotic and corticosteroids may not be helpful as a cure for this disease but these medications can give symptomatic relief. The surgical approach using a vermilionectomy and labial stripping is felt to be the treatment of choice.

REFERENCES


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