Cheilitis Granulomatosa

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Cheilitis granulomatosa is a rare disease characterised by the recurrent labial swelling of one or both lips with the possibility of the condition to remain on a permanent basis. The disease may appear independently or it may be linked to a paralysis such as the facial and lingua plicata which then characteristic of the Melcerson-Rosenthal Syndrome. The aim of this paper is to show a case of a patient with the granulomatoseae cheilitis and lingua plicata whose reaction to the Chymoral Forte treatment was excellent.

Key words: Macrocheilia, Cheilitis granulomatosa, Melcerson Rosenthal Syndrome

1. INTRODUCTION

The orofacial granulomatosis is described as the uncommon granulomatoseae condition that leads to a painless symmetric edema of the orofacial tissues. There are two clinical forms: Cheilitis granulomatosa, and the Melcerson-Rosenthal Syndrome. The possible causes are localized form of sarcoidosis, the atypical allergy, manifestation of enteritis (Crohn’s disease), dental focal inflammation and others.

The granulomatoseae cheilitis is clinically characterized by the diffuse increase of the lips (one or both), rarely followed by the swelling of the gingiva, the buccal mucosa and the palate (1). The disease can appear independently or it may be linked to a paralysis such as the facial and lingua plicata which then characteristic of the Melcerson-Rosenthal Syndrome (2). The provisional diagnosis is established with the exclusion of other granulomatoseae developments where it is possible to identify the causes of their occurrence. The incisional biopsy with PHD confirms or excludes the granulomatoseae character of the development and the established diagnosis of Cheilitis granulomatosa.

The histological characteristic of the disease is the uncommon lip granuloma. On the grounds of recent research into atypical cases, it was concluded that the lymphatic inflammatory infiltrates occur in the submucous layers of tissue together with the uncommon granuloma linking the illness to tissue edema (3, 4).

The differential diagnosis of cheilitis granulomatosa is extensive and includes amyloidosis, cheilitis glandularis, sarcoidosis, Crohn’s disease, cheilitis actinica, neoplasma and infection such as tuberculosis and syphilis (5).

The aim of this paper is to show a case of a patient with the granulomatoseae cheilitis and lingua plicata whose reaction to the Chymoral Forte treatment was excellent.

2. CASE OVERVIEW

A 61-year old male was admitted to the Clinic for Oral Medicine and Periodontology in October 2008 due to a diffuse painless edema of the upper lip. His medical history indicates that the swelling of the lip had occurred earlier and that it was more prominent on the upper lip but never in the current proportions which the led the patient to have it examined. The patient notes that he has had high blood pressure for the last two years. Since then, he has been subjected to an antihypertensive therapy (Lopril H) and an aspirin on daily basis for preventive purposes, while answering negative to any other illnesses. He does not link the swelling of the lip to the season, the food which he has consumed nor allergy. The clinical examination showed that the lip was of solid consistency, light pink colour, smooth and shiny. Upon palpation, granulomatosis developments the size of a large pea are felt (Figure 1).

Other mucosa did not have pathological changes, lingua plicata present. After conducting an examination of the teeth and the periodontium, a chronic periodontitis was diagnosed. The OPG image analysis verified the presence of the horizontal and vertical absorption of the alveolar bone (Figure 2). No periapical developments on the roots of the front teeth were established thus excluding the dentogenic cause of the lip swelling.

We recommended the patient to undergo incisional biopsy of the lip in or-
Despite the fact that the granulomatosa cheilitis has recently been described as part of the clinical symptoms in the initial stage of the Crohn's disease, the lab tests which we performed could not confirm this (6). The presence of and linguae plicata indicates to the monomorphic form of Mélkersson-Rosenthal Syndrome - Cheilitis granulomatosa. Despite performing detailed clinical and lab testing, we could not confirm the above mentioned diagnosis without incisional biopsy and PHD.

3. DISCUSSION

The diagnosis of a Cheilitis granulomatosa is basically clinical and is verified by means of a biopsy. The blood tests might indicate to increased levels of sedimentation, lymphocytosis, peripheral eosinophilia, and in some cases increased levels of IgA.

Numerous medications have been used to treat labial edema: systemic antibiotics, salazosulfa-pyridine, radio therapy and systematic, intralesional, topical corticosteroids. Some authors have used medicine against leprosy such as clofazimine (Lampren) in patients with cheilitis granulomatosa and have managed to reduce the labial edema (1). In their paper, Camacho Alonso et al. presented the application of the systematic and intralesional corticosteroids and clofazimine which had produced satisfactory results in all cases (7). Vanó-Galván et al. applied the intralesional corticosteroid (triamcinolone acetonide 10 mg/ml) and achieved plausible improvements after three months. The patient is currently subjected to maintenance therapy with triamcinolone injections twice a month and there was no recidivism during the monitored two-year period (8). Other authors have applied the intralesional corticosteroid (triamcinolone 20mg/ml, 1ml every 15 days during a period of 60 days) and clofazimine (50 mg/day) for 90 days. The complete relinquishment of the swelling was registered of 4 weeks of corticosteroid therapy (9). Pigozzi and al. performed successful treatment of a 31-year old woman with Mélkersson-Rosenthal Syndrome using lymecycline after an unsuccessful therapy with corticosteroids independently or in combination with the antiastamines, salsalazine and clofazimine (10). In our case, by using Chymoral Forte (3x2 drag) we achieved complete remission of the labial edema within the first five days of the treatment. Chymoral Forte has an anti-inflammatory, antiexudative and mucolytic action. During the inflammatory process, the circulation of blood and lymph is hindered due to the sedimentation of fibrin and macro-molecules of the denatured protein. The trypsin and chymotrypsin as the endopeptidases tear the other polypeptide chains into smaller ones with their proteolytic activity on the place of the pathological process making them more adequate for absorption and one dragee contains a mixture of proteolytic enzymes, trypsin and chymotrypsin with the enzyme activity of 100,000 AJ. The treatment lasted for 15 days. Three years after the conducted therapy the patient was in complete remission.

4. CONCLUSION

We believe that Chymoral Forte can stand as an effective choice of treatment for Cheilitis granulomatosa and can thus help in avoiding the side-effects of corticosteroids and/or other more aggressive treatment procedures.

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