Non-syndromic double lip

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DESCRIPTION

A 57-year-old man reported to the outpatient department with the chief complaint of deformed upper lip which was present since birth. He denied any complaints other than cosmetic ones. On examination, an extra fold of redundant tissue was present on the inner surface of the upper lip. The overlying mucosal tissue appeared intact and smooth with no palpable masses or surface changes (as seen in figure 1). There were no other associated congenital abnormalities. Thus, provisional diagnosis of congenital bilateral upper double lip was made.

Double lip may develop in association with Ascher's syndrome which consists of the triad of blepharochalasis, non-toxic thyroid enlargement and double lip.^{1 2} The association of congenital double lip with other abnormalities such as bifid uvula and cleft palate has also been reported. Another uncommon acquired condition is cheilitis glandularis, an inflammatory hyperplasia with varying degrees of inflammation of the lower labial salivary glands.³

In conclusion, treatment of congenital double lip is indicated when the excess tissue interferes with mastication and speech or is of aesthetic concern to the patient.

Figure 1 Photograph of extraoral view showing an extra fold of redundant tissue on the inner surface of the upper lip with no palpable masses or surface changes.

Competing interests None.

Patient consent Obtained.

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Learning point

As syndromic double lip is associated with Ascher's syndrome, one should look for other features associate of Ascher's syndrome.

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