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EDİTÖRE MEKTUP / LETTER TO THE EDITOR

Exfoliative cheilitis

Eksfoliatif cheilitis

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Dear Editor,

Exfoliative cheilitis (EC) is a chronic superficial inflammatory disease of the vermilion border of the lips characterized by continuous scaling[1]. In majority of cases, cause of the disease is repetitive lip picking or biting which leads to excessive production and exfoliation of keratin and hence it is also termed as facticious cheilitis[2]. A 17 year old girl presented to a private dental clinic with a chief complaint of desquamation of lips and itching around the mouth; both lower and upper lips were involved from last 8 months. General examination revealed that. There was a history of biting and picking of the lip. General examination of the patient was non – contributory to the present finding. On examination keratotic, painless, firm, yellowish white crusts of upper and lower lip found.(Figure 1)

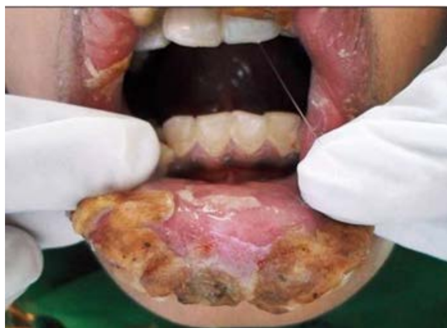

Figure 1. Clinical picture of the lesion

On removal of the crusts, the underlying mucosa appeared erythematous. Oral cavity, teeth and rest of the skin was normal. There was no regional lymphadenopathy. Systemic examination revealed no abnormality. However, on psychiatric evaluation, patient admitted of repetitive lip picking. Incisional biopsy from the lower labial mucosa was performed. Histopathological examination revealed marked hyperkeratosis, acanthosis and lymphocytic infiltration. (Figure 2)

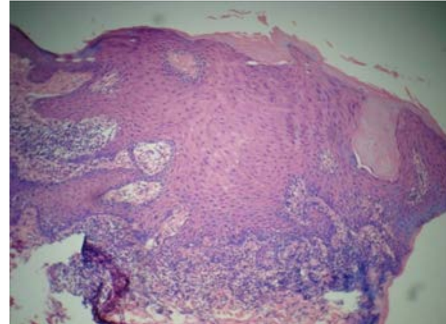

Figure 2. Hyperkeratosis and thickness of spinous cell layer with marked inflammatory infiltrate (Hematoxylin and Eosin stain X20).

No dysplasia was found. Based on clinical and Histopathological features a final diagnosis of facticious cheilitis/ Exfoliative chelitis rendered. The patient was prescribed topical hydrocortisone 1%, Eucerin emollient cream with urea 10% and lip balm. A significant improvement was achieved in 3 months. The cause of EC isn't known, and yet there is no effective therapeutic intervention for it[3].Numerous treatments with variable efficacy rates were suggested for the management of EC including hydrocortisone ointment, tacrolimus ointment, petroleum jelly, tretinoin cream, urea lotion and

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prednisone tablet were used to manage EC. Regardless of the method, the overall response to treatment was approximately 35% in the literature. Different studies have not confirmed beneficial effect of treatment with corticosteroids, antimicrobial agents, petroleum jelly, sunscreen and dietary supplements such as iron and folic acid[4]. The use of topical calcineurin inhibitors and moisturizing agents in the treatment of EC showed good results. Histopathology helps in differentiation of this lesion from discoid lupus erythematosus, lichenoid dermatoses, plasma cell cheiltis, cheilitis glandularis, actinic cheilitis or neoplasia[3].

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