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Congenital double lower lip: report of a case

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Summary. A case of the management of a congenital double lower lip in a 2-week-old female child: is described. The mother stated that the child was having difficulties when suckling and was also worried about the unsightly appearance. The redundant lower lip was excised under general anaesthesia. The child made an uneventful recovery.

Introduction

Double lip is an uncommon congenital or acquired anomaly without gender or race predilection more commonly affecting the upper than lower lip as a form of two masses of hyperplastic tissue on either side of the midline [1–7]. It is commonly reported as a component of Ascher's syndrome [5,7]. It may also present as an isolated anomaly following oral habits or after trauma to the lip [5,6]. It has also been described in association with other abnormalities: bifid uvula [8,9], cleft palate [9], cheilitis glandularis [1], and haemangiomas [5].

Case report

A mother brought a 2-week-old female baby to our Oral and Maxillofacial Surgery Clinic, complaining of the baby's unsightly lower lip and suckling difficulties. The baby was healthy and full term normal vaginal delivery. Family history was negative for hereditary or congenital malformations. Examination revealed a lower lip with a lingually placed bilateral extra fold of tissue, on either side of the midline in the form of a cupid's bow extending to the angles of the mouth. A thick fibrous band (2 mm width) extending on the vermilion boarder and labial mucosa separated the bilateral folds. There were indentations on the tissue folds caused by the maxillary deciduous teeth gum pads. The overlying mucosa was intact and appeared normal (Fig. 1).

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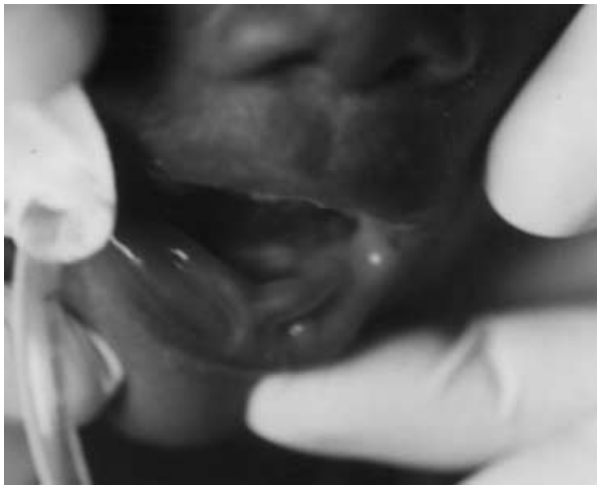

Fig. 1. Double lower lip, deciduous teeth gum pads indentations and midline fibrous band.

Fig. 2. Lower lip immediately postoperatively.

The redundant tissue along with the midline fibrous band was excised under general anaesthesia by an incision along the length of the folds and dissected away from the underlying muscles (Fig. 2).

The baby's aesthetics and suckling have since improved. Patient was lost to follow up 3 weeks postoperatively.

Histological examination of the excised tissue showed soft tissue covered by stratified squamous epithelium without parakeratosis, minor salivary glands, and few muscle fibres.

Discussion

Double lip consists of a fold of excess or redundant hypertrophic tissue on the mucosal side of the lip [1,5,6,8]. It occurs most often bilaterally on the upper lip, but may be unilateral and can affect both lips [6,7].

The present report is unusual in that it is not associated with any other congenital anomaly, is bilateral, and occurred on the lower lip as opposed to the common site of the upper lip.

The congenital double lip is thought to develop during the second or third month of gestation from persistence of the horizontal sulcus between the pars glabrosa and the pars villosa of the lip [4–6,9]. This condition, although present at birth, may not be apparent until after the eruption of teeth [2,4,6]. In our present report, the mother noticed it soon after birth. Among the differential diagnoses of the double lip include the following: chronic enlargements of lip, haemangioma, lymphangioma, angioedema, cheilitis glandularis, and cheilitis granulomatosis [2,5]. These lesions, however, are associated with a uniformly enlarged lip without a midline constriction that tends to divide the lip as in the present report.

Surgery is the treatment of choice and is indicated for cosmetic purposes or when the patient has mastication or speech difficulties [1,3]. In the present report, surgical excision was performed because of the aesthetics and suckling difficulties. Surgery may be performed under local or general anaesthesia. In the present report, surgery was under general anaesthesia because of the age of the patient and extent of the surgery that would have made cooperation impossible. The redundant mucosal tissue was excised using a transverse elliptical incision. The tissue was histopathologically examined to rule out malignancy or hamartomatous tissue. Recurrence has not been observed [9]. Long-term follow up is important to assess oral motor skills; in this case, suckling was noted to have improved within 3 weeks – postoperative period where follow up was possible. Functions such as eating, articulation, and ability to round lips were noted to be satisfactory in other cases followed for up to 1 year [5,6].

Treatment of congenital double lip is indicated when the redundant tissue interferes with mastication – suckling in this case – and improving aesthetics of the patient.

It is important that the clinician makes an early diagnosis of this uncommon condition to avoid development of such habits as sucking or biting the redundant tissue or for the aesthetic concerns of the patient.

What this paper adds

- Double lip is a congenital of acquired anomaly that consists of a fold of hypertrophic tissue on the mucosal side of the lip.
- Surgical excision is the treatment of choice.

Why this paper is important to paediatric dentists

- Likely to be consulted first by parents when babies have unsightly lips or difficulty in suckling.
- Long-term follow-up is important to assess oral motor skills.

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