"CONGENITAL DOUBLE LIP—A CASE REPORT"

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Congenital double lip is a rare condition. very few cases have been reported in the literature. Ascher[1] (1920) described a case of congenital double lip associated with blepharochalasis and struma. A case of simple double lip was reported by Dorrance[2] (1922). Calnan[3] (1952) stated that only about a dozen cases recorded in the literature. The treatment of this condition is relatively simple. Two cases of congenital double lip are reported.

CASE REPORT :

Case No. 1,

A young girl aged 14 years stated that she had some deformity of her upper lip which was present since birth. It looked ugly when she laughed or when her mouth was open. There was no family history of any snch congenital deformity. Her palate was normal and she did not have any other congenital abnormality.

Case No. 2.

A young boy of about 16 years of age presented in the plastic surgery out patients department with the similar complaints. On examination he was also found to have duplication of his upper hip. He did not have any other congenital abnormality.

In both the cases the accessory lip was excised as a double transverse ellipse under general anaesthesia. The underlying muscle was found to be normal. The wound was closed by 20 chromic catgut interrupted sutures. Healing was uneventful, the patient were discharged on the 7th day.

DISCUSSION :

Congenital double lip is a rare condition. Padgett[4] and Strevenson (1948) reported a case of double lip in association with cleft palate. Mason et al[5] (1940) RaddClife[6] (1940) and Straith and Patton[7] (1943) have reported cases of mucous fistulae of the lip associated with cleft of the palate.

Congenital double lip occurs most frequently in the upper lip. The deformity is not evident when the mouth is closed. When the mouth is open a double verimilion is exhibited with a transverse furrom between two borders and the lower segment hangs down as a redundant fold.

Fomon (1939)[8] stated that it is usually limited to the upper lip and that when the mouth is closed the lip appears double. Cases recorded in the literature and my own cases do not support this. Fomon further stated that the cause is unknown but is probably due to displacement of the fibres of the orbicularis oris muscle associated with pouting of hypertrophied glandular and submucous tissue. Calnan (1952) reported that the muscle was normal in his case.

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The histology of his case and a case recorded by Dingman[9] and Billman (1947) was exactly similar. It suggested that the muscle fibres are always normal and the deformity is due entirely to over growth of mucous glands. Histological examination in our cases showed the same. Dingman and Bilman (1947) prefer local anaesthesia, bilateral intraorbital nerve block for the upper lip and bilateral mental nerve block for the lower lip but Calnant states that local infiltration anaesthesia distorts the tissues hence should be avoided.

SUMMARY :

Two cases of congenital double lip are presented.

Fig. 1. Pre-operative Photograph.

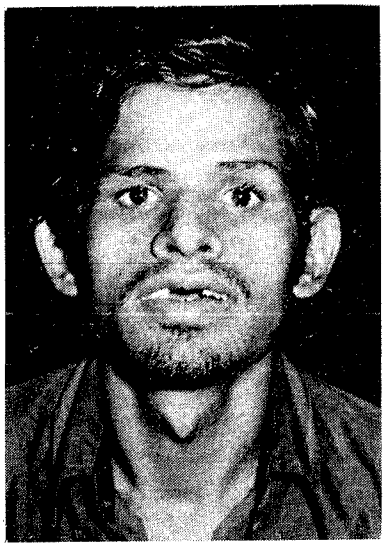

Fig. 2. Post-operative Photograph.

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