

Double Lip: An Unusual Presentation

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Double lip is a term used to describe a deformity of the upper or lower lip and consists of an accessory fold of redundant mucous membrane inside the vermilion border. Double lip is an uncommon congenital anomaly and is usually diagnosed and treated by a dentist or an oral surgeon. We present an unusual case of double lip—unusual because it was diagnosed and treated by a dermatologist and because of the histopathologic findings.

Double lip is a rare congenital anomaly having no gender or race predilections.¹ The current incidence of double lip is unknown, although Calnan² stated in 1952 that there were only a dozen cases reported in the literature. The double lip consists of an accessory fold of redundant mucous membrane that is situated proximal to the vermilion border. The defect is more commonly located on the upper lip and very rarely affects both lips simultaneously.³ Although present at birth, the double lip does not become evident until after the teeth erupt.¹ The deformity is accentuated when the lips are drawn away from the teeth, as when smiling, and is not evident when the mouth is closed.⁴ Histopathologic examination of most of the cases in the literature reveals squamous epithelium, hyperplastic mucous glands, and no evidence of muscle tissue in the surgical specimens.

Case Report

A 44-year-old African American man presented to our dermatology surgery clinic complaining of a lip defect. He was planning to undergo extensive dental



FIGURE 1. Double lip, with thickened folds of redundant mucosal tissue of the upper lip.

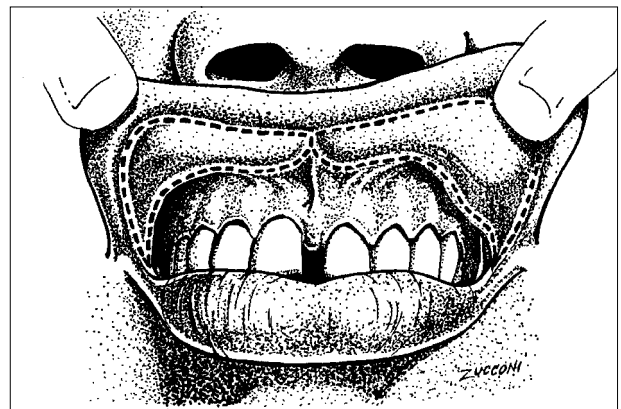


FIGURE 2. Broken lines indicate the regions of redundant mucosal tissue and the location of the surgical excision boundaries.

restoration and requested a lip repair before starting the dental work. The lip defect, he stated, was present since childhood. He denied any complaints other than cosmetic ones.

Oral examination revealed thickened folds of redundant mucosal tissue on the inner surface of the upper lip (Figure 1). The mucosal tissue was smooth,

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with no palpable masses or surface changes. The teeth were misshapen, with wide gaps between the front teeth of the upper and lower jaws. The patient denied any other significant medical history.

Bilateral infraorbital blocks and local anesthesia were administered. Elliptical excisions were made over each side of redundant tissue (Figure 2), and the defects were closed in layers. Then, a Z-plasty was performed on the maxillary labial frenulum to release the tension between the lip and the underlying mucosa (Figure 3). The postoperative course was complicated by hematoma formation of the left side of the lip, which resolved without further intervention. A 2-week postoperative examination revealed mild residual edema of the left side of the upper lip (Figure 4).

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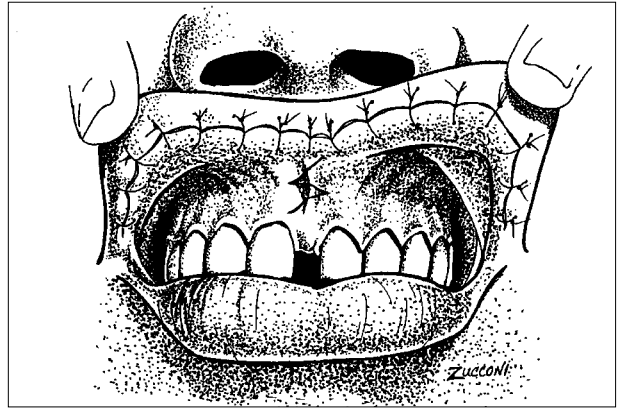


FIGURE 3. Solid line indicates the site of surgical Z-plasty on the maxillary labial frenulum. This procedure released the tension between the lip and the underlying mucosa.

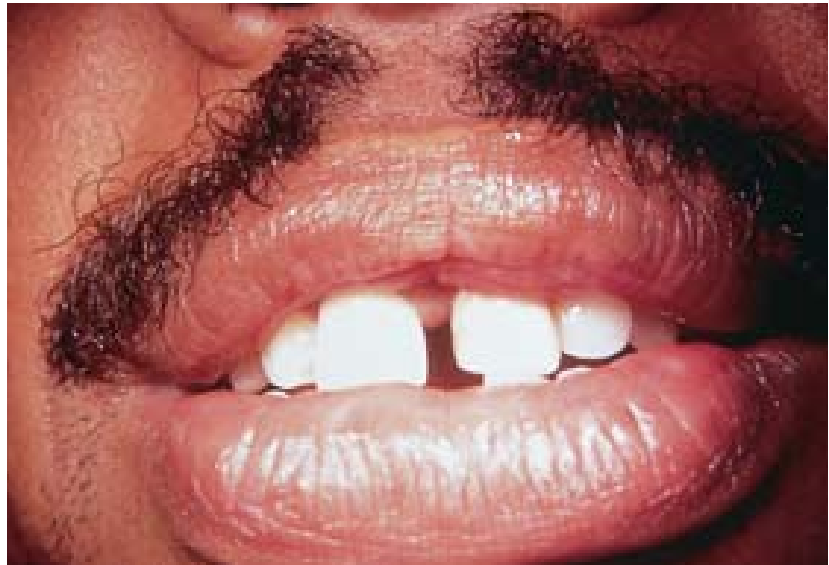


FIGURE 4. Two weeks after surgical excision and repair of double lip.

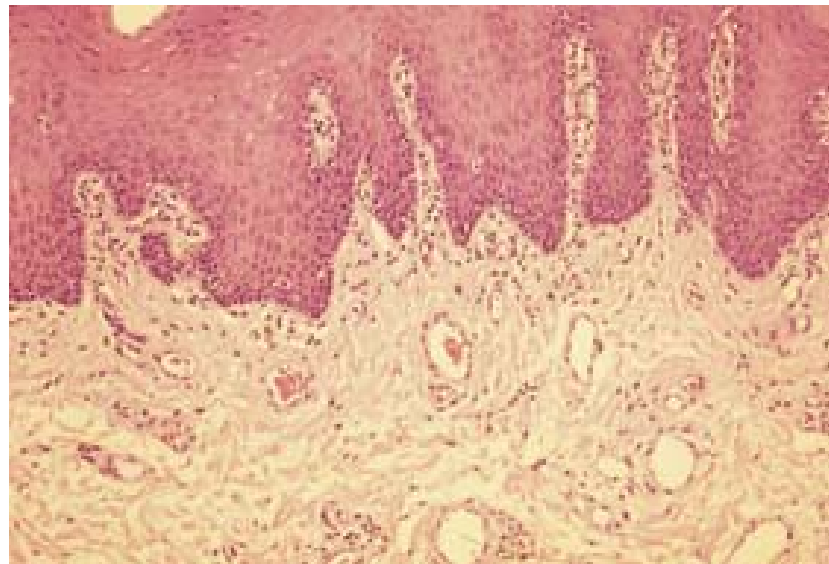


FIGURE 5. Surgical specimen. Squamous mucosa with acanthosis and minimal inflammation (H&E, original magnification $\times 40$).

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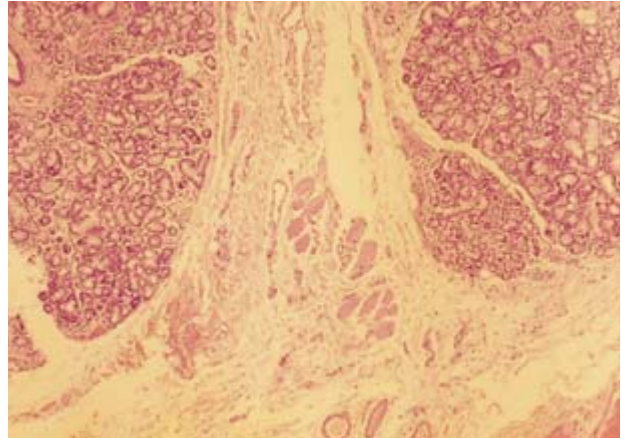


FIGURE 6. Surgical specimen. Salivary glands and multiple bands of skeletal muscle (H&E, original magnification $\times 40$).

Histopathologic examination of the surgical specimens revealed squamous mucosa with acanthosis, minimal chronic inflammation (Figure 5), salivary glands, and multiple bands of skeletal muscle (Figure 6).

Discussion

Double lip, an uncommon clinical entity, generally presents as only an aesthetic problem. Surgical repair is indicated only if the defect interferes with mastication or speech or results in a social debility. No other complications have been reported. The etiology of double lip is unknown, although it has been hypothesized to be a result of displacement of the fibers of the orbicularis oris muscle during embryogenesis.^{3,4} This theory was doubted by Calnan² and others^{1,3} in the literature because the histology of their cases revealed no muscle tissue in the specimens. We believe that this is an unusual presentation of double lip due to the presence of muscle in the specimen.

Acknowledgment—Special thanks to Bill Zucconi, DO, for the medical illustrations.

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