



INFLAMMATORY SKIN DISEASES (OTHER THAN ATOPIC DERMATITIS & PSORIASIS)

IDIOPATHIC GRANULOMATOUS CHEILITIS OF MEISCHER IN A YOUNG PATIENT: A RARE ENTITY AND ITS SUCCESSFUL TREATMENT

Bhumika Shivaram⁽¹⁾ - Maheshwari Siddaraju⁽¹⁾ - Priyadarshini Kharge⁽¹⁾

Specialist Hospital, Dermatology, Bangalore, India⁽¹⁾

Background: Cheilitis Granulomatosa of Miescher is characterized by swelling restricted to the lips in the setting of non-caseating granulomatous inflammation and in the absence of systemic disease such as Crohn's disease and sarcoidosis. We have treated our case of Cheilitis Granulomatosa with combination of steroids, metronidazole, and doxycycline resulting in significant remission.

Observation: A 9-year-old male patient with persistent upper lip swelling and gingival enlargement. Allergy to any drug or food was not found. There was no history of pain or bleeding from the swelling. Examination revealed a diffuse, well to ill defined, erythematous swelling of the upper lip. Firm to hard in consistency on palpation with no tenderness or local rise of temperature. The surface of the lip was smooth with no signs of scabs, bleeding, or exudation. Intraoral examination revealed mild enlargement of gingiva in the maxillary region with no fissuring of the tongue or oral ulcers. There was no evidence of palsy of facial muscles. The diagnosis of cheilitis granulomatosa was confirmed on a histopathological examination, which revealed presence of non-casseating epithelioid granuloma with rim of lymphocytes in the dermis. We started a treatment protocol of Intralesional Triamcinolone acetonide 10mg/ml (0.25ml) at three equidistant points on a once a week regimen for one month. Alongside, oral Metronidazole 200 mg (20-30mg/kg/day) thrice a day and oral doxycycline 50mg (2-3mg/kg/day) once in the night was prescribed for one month. Patient tolerated the regimen well. The swelling completely disappeared leaving behind pigmentation of upper lip at the end of one month.

Key message: The diagnosis of Granulomatous cheilitis is supported by histopathological evidence of chronic granulomatous inflammation. Intralesional corticosteroids in combination with oral metronidazole and doxycycline are beneficial, however a regular follow-up and review should be advised.

