

Double Lip: A Review of Literature and a Case Report

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Abstract

Ascher's syndrome is a rare congenital anomaly causes recurrent edema of the upper eyelid resulting in blepharochalasis in one hand and similar edema of the lip resulting in a double lip on the other hand. Double lip is characterized by two soft, flabby masses of tissue on either side of the midline of the lip. This anomaly primarily causes an aesthetic problem, and it becomes more apparent during speak and smile. Thus, unaesthetic appearance remains the main patients' complain for surgical correction. A 33-years-old male patient complained gradual enlargement of his upper lip resulting in unpleasant appearance causing him embarrassment during smile and speech. The patient was systemically healthy no history of systemic diseases, no family history for the reported condition. Clinical examination revealed bilateral blepharochalasis clinically presented as atrophy of redundant upper eyelid skin with an obvious double upper lip at rest with the inflated appearance on smiling. Based on patient's demand for enhancing appearance and smile, surgical treatment of the double lip by transverse elliptical incisions from both commissures to the midline was performed in order to reduce the excessive bulk of redundant tissues. Ten days later, sutures removed, healing was more than satisfactory, and treatment resulted in improved esthetic with high patient satisfaction.

Keywords: *Ascher syndrome, Double lip, Blepharochalasis.*

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Introduction

Ascher's syndrome is uncommon congenital anomaly primarily characterized by Double lip of either upper or both upper and lower lips, but more frequently happens in the upper lip. Double lip is of two types, either congenital or acquired⁽¹⁾. Clinically presented as two soft, flabby masses of tissues on either side of the midline of the lip⁽²⁾, especially when the patient smiling the upper lip stretched back pushing these two masses down obscuring the appearance of the maxillary incisors⁽³⁾ (Figure 2). Double lip is formed by redundant areolar tissue and non-inflammatory labial mucous gland hyperplasia of the labial villi⁽⁴⁾. This anomaly primarily causes an aesthetic problem, and this problem becomes more obvious during speak and smile.

Moreover, the double lip may interfere with mastication and speak; then it becomes a real and fundamental problem requires surgical correction. However, aesthetic demand remains the main patient's concern and request for surgical correction⁽⁵⁾. The acquired deformity may occur as a result of the trauma of biting by lower teeth on already existed minor anomalies or trauma from improperly designed or fitting dentures.

Moreover, the double lip may also happen because of habit, such as sucking lip between diastema. It is acknowledged that congenital double lip is present at birth and becomes more evident after the eruption of teeth. It may occur as a primary sign of Ascher's syndrome^(1,6), which is a rare disease of unknown etiology, Ascher first described it in 1920, an ophthalmologist from Prague⁽⁷⁾. The disease produces recurrent edema of the upper eyelid and lip resulting in blepharochalasis and double lip respectively. This correlation was previously mentioned by Laffer in 1909⁽⁸⁾. Therefore, Ascher syndrome is also called Laffer-Ascher syndrome by many authors. In 10% of the cases of Ascher syndrome, the disease presents a non-toxic enlargement of thyroid gland, whereas, around 50% manifest double lip⁽⁹⁾. The disease is a rare syndrome present since birth; however, diagnosis usually made at the age of puberty. This syndrome dose not causing functional deformities, but more frequently

affects the patient's life quality by disturbing the patient's psychology due to facial disfiguration caused by the disease⁽¹⁰⁾.

Cheiloplasty of the double lip implies surgical excision of lining mucosa and submucosal redundant areolar tissue via a transverse incision across the lesion without involving or traumatizing the muscles. Whereas blepharochalasis is corrected by a surgical procedure called blepharoplasty⁽¹¹⁾, a technique involves "bird's tail" shape exeresis of the redundant skin⁽¹²⁾. Therefore, this study aimed to highlight the most eminent clinical presentation and treatment methods of the double lip of Ascher's Syndrome with a relevant review of the literature.

Case Presentation

A 33-years-old male patient attended Shorsh Teaching Dental Center in Sulaimani, with a chief complaint of gradual enlargement of his upper lip since last few years with unpleasant appearance causing him embarrassment and unaesthetic appearance during smile and speech. The patient was systemically healthy no history of systemic diseases in particular thyroid or renal disease, no history of hospital submission for any reason. Furthermore, there was no family history for the reported condition.

Clinical examination revealed bilateral blepharochalasis clinically presented as atrophy of redundant eyelid skin with a history of recurrent, non-painful episodes of eyelid edema (Figure 1). Furthermore, the patient presented an obvious double upper lip at rest, with an inflated appearance on smiling. The double lip clinically appeared as two soft folds of redundant mucosal tissues occurred bilaterally on either side of the midline of the upper lip with a central constriction (Figure 2), which was retracted at its center by insertion of upper lip frenum at the midline. The redundant tissue was red-bluish in color, soft in consistency, fluctuant and painless on palpation.



Figure 1: Bilateral blepharochalasis of both upper eyelids.



Figure 2: bilaterally double lip of soft and fluctuant bulging on either sides of the midline of the upper lip with central constriction.

Lower lip and lower eyelids were not affected (Figures 1, 2 and 3). Therefore, and based on the patient's demand for enhancing his appearance and smile, treatment of the double lip for this patient was by surgical excision of the redundant tissue.

Treatment

Details of the surgical procedure were discussed with the patient, and the patient signed a consent form for performing the surgery and showing the details of the eyes and face in the photographs for publication purposes. Surgical procedure was planned by demarcating the surgical incisions prior to surgery, surgery had been performed under deep bilateral infiltration of local anesthetics, The redundant tissues excised by transverse elliptical incisions from both commissures to the midline by sharp dissection using scalpel and blade number 15 and sharp scissors, taking care that normal lip tissue is not excised to avoid loss of lip dimensions and asymmetry postoperatively.



Figure 3: Demarcation of surgical incision by bilateral transverse elliptical incisions.



Figure 4: The surgical wound was closed using black silk suture 3.0.

The surgical wound was closed using black silk suture 3.0. The patient was instructed for postoperative care and cold application for the first 12 hours after surgery (Figure 4).

Antibiotics and analgesic were prescribed for the patient for one week postoperatively. Sutures were removed after ten days, healing was satisfactory, and the patient was fully satisfied with the result of the surgery, and his smile was thoroughly improved (Figure 5). Photographic evaluation of the case before and after surgery showed a great improvement in patient's esthetics this was supported by the entire patient's satisfaction (Figure 6).



Figure 5: Ten days postoperatively after removal.

One-year postoperative follow up revealed no history of recurrent and the patient with fully satisfied with the result (Figure 6).



Figure 6: Pre and 10 days post surgical patient's photography.



Figure 7: One-year postoperative view with no recurrent.

Discussion and conclusions

Ascher syndrome is of unknown etiology; however, most cases are sporadic, though rarely a family history of this syndrome has been reported. Congenital maxillary double lip is a fold of redundant areolar tissue of the lip, it is considered as a rare anomaly, usually obvious at rest or while the patient is smiling, which might present aesthetic or functional problems. Furthermore, the condition might interfere with the patient's psychological standard particularly when the condition appears at the early age of life such as in children and adolescents⁽¹³⁾. Although congenital double lip present at birth, however, it becomes obvious only after the eruption of the permanent teeth⁽¹⁾. The condition usually detected first by a dentist; there for it

is of special interest in dentistry regarding diagnosis and establishing treatment⁽¹⁴⁾.

The acquired form of the double lip may be secondary to trauma, oral habit and may develop either in isolation or in association with Ascher's syndrome^(1,6). The double lip may be seen in both lips, mainly in the upper lip and to less extend the lower lip; it is also called macrocheilia or hamartoma⁽¹⁵⁾.

Surgical correction of congenital double lip will be a prime treatment option when the abundant part of the lip interfere with the process of mastication, speech or develops Para functional habits such as sucking or biting the abundant section of the lip or when the appearance of the patient is compromised and become his/her chief concern⁽¹⁶⁾. In the current case, the tissue bulge caused more than a problem for our patient, although esthetic was the patient's prime concern. However, the patient had developed the habit of biting his upper lip on the redundant tissue. Therefore. The decision was to treat the patient by cheiloplasty. Several surgical techniques have been described the elimination of redundant tissue in double lip: W-plasty, electrosurgical excision, and triangular excision, elliptical excision and laser⁽¹⁷⁾, with a high success rate of improving patient's esthetics with no incidence of recurrent was reported.

In this case, pre-surgical elliptical excision was designed for this patient to eliminate the precise amount of tissues from either side of the lip to diminish the possibilities of asymmetry or unevenness between both sides of the lip. The result after ten days postoperatively was highly acceptable with high patient satisfaction and pleasing. Surgical correction of the condition is often considered necessary although the syndrome is symptomless. However, surgery often performed because of the psychological factors associated with smile deformity and embarrassment the patient might encounter throughout smiling. Therefore, the significance detection and treatment lies in improving the patient's quality of life and improving the psychological condition of the patient by smile enhancement⁽¹⁸⁾. Furthermore, as Ascher syndrome is a rare condition and often has further systemic symptoms; therefore, it's detection and identification could be missed out due to its rarity. Even though the patients may mostly have an esthetic complaint when they attend with a double lip seeking management for the problem, the dentist may usually be at ahead to diagnose this syndrome and initiate appropriate referrals and management⁽¹⁹⁾.

Ascher syndrome; although it is a rare congenital anomaly, it is often detected and identified primarily by a dentist because the affected patient usually presents with a double lip. This may cause an esthetic embarrassment for the patient that attends the dental

clinic to find a suitable treatment for his/her condition. Hence the dentist will be ahead to diagnose the syndrome then provide the patient with the proper cosmetic surgery for the double lip and refer the patient for management of other systemic complications. Furthermore, surgical treatment of double lip provides an effective treatment for the condition that enhances the patient's smile and consequently solves the patient's aesthetic embarrassments.

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