



## CHEILITES

Cheilitis is the name given to the inflammatory processes of the lips provoked by various factors. Those with specific histology and eventual labial location, as lichen planus, lupus erythematosus, pemphigus and syphilis, are excluded from the group of cheilitis. The main classically described cheilitis in medical literature for its clinical importance, frequency and potential of malignization are:

1. **Actinic Cheilitis** – an inflammatory and pre-malignant reaction of the lip, caused for chronic sun exposure. It affects almost exclusively the inferior lip and more in white men who exert activities under the sun, as rural workers and fishermen. It is characterized clinically by the appearance of whitish spots with loss of the uniform color of the semimucosa or vermillion of the lip. The demarcation line of the lips with the skin is blurred. The lip is dry, desquamative, and rough. With the continuation of the solar exposure, atrophy, crusts and erosions occur. The presence of ulceration in actinic cheilitis is indicative of malignization. Such patients in general present other degenerative chronic cutaneous alterations, as actinic keratoses and/or skin cancer, in other sun exposed areas.

2. **Angular Cheilitis** – inflammatory process located on the angle of the mouth, uni or bilateral, characterized by discrete edema, erythema, scaling, erosion and fissures. The occurrence of periods of remission and spontaneous exacerbation is frequent. Generally one or more of the following factors are related to its etiology: infectious agents (estreptococos, estafilococos and *Candida albicans*); dermatological diseases (atopic dermatitis, involving the face, and seborrheic dermatitis); nutritional deficiency (riboflavin, folate and iron) and imunodeficiency (HIV, diabetes mellitus, cancer and transplant). Hypersalivation and mechanical factors leading to the loss of the vertical dimension of occlusion, with fall of the superior over the inferior lip in the area of the angle of the mouth, as it occurs in the normal process of aging, in prognatism, tooth absence

or with the use of badly adapted protheses are also implicated.

3. **Contact Cheilitis** – inflammatory process of the lips resulting from irritating or allergic action of chemical agents. Among the more frequently involved products, lipsticks, topical and odontologic medicines, dentifrices, food, products, foods, blow musical instruments, pens and other objects that are compulsorely taken to the mouth. Edema, erythema, vesicles, scaling, erosions or fissures in the semimucosa of both lips, extending to the skin characterize the process. Sometimes it is only a persistent desquamation.

4. **Cheilitis Glandularis** – in its simple form it is clinically characterized by discrete increase of volume and eversion of the inferior lip, with the presence of small colored and depressed points, that correspond to the salivary glands' orifices. The expression of these points can provoke elimination of small saliva droplets, and on palpation, glandular hypertrophy can be noted. Secondary infection of the simple glandular cheilitis leads to purulent secretion from the glandular orifices, that when they dry form impetiginous crusts. These, when removed, leave eroded areas, in general with scar. Rare satellite adenopathy occurs. This process is called cheilitis to superficial supurated glandular. Apostematous glandularis cheilitis or deep supurated cheilitis of Volkmann is considered a complication of superficial glandular cheilitis. It occurs almost exclusive on the inferior lip, which increases in volume and acquires tense consistency in almost all its extension. There is labial eversion, with excretor dilated salivary gland orifices, draining purulent secretion when compressed. It has formation of abscesses, in some cases, that can fistulize to the labial mucosa or to the skin.

Marcia Ramos-e-Silva, MD, PhD  
 Rio de Janeiro, Brazil  
 Lawrence Charles Parish, MD, MD (Hon)  
 Philadelphia, PA, USA