
NON SYNDROMIC BILATERAL CONGENITAL LIP PITS: A CASE REPORT

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ABSTRACT

Lip pits are a rare developmental entity that affects the region of upper and lower lips or the commissure of the lips. Most often the condition is associated with syndromes constituting other features apart from lip pits. Its occurrence in the non syndromic individuals is extremely rare. We hereby present as non syndromic case of lip pits.

Keywords: lip pit, congenital, bilateral, upper.

Introduction

Lip pits are unusual congenital anomalies affecting the lips. It was first reported and described by DeMurquay in 1845[1]. Lip pits can occur in the region of upper lip, lower lip or the oral commissure and is more common among females. Even though they may be seen near the oral commissure or midline of upper lip but mostly occur on the lower lip[2,3]. Two-third of the lip pits are associated with cleft lip or palate and the other one-third have minimal findings such as hypodontia, or isolated lower lip pits[1]. The current report is of a non syndromic case of a congenital lip pits. The patient did not show any other anomalies in the orofacial region which can be a part of Van Der Woude's Syndrome.

Case report

An otherwise healthy individual reported to the outpatient department of our dental hospital, with depressions in relation to the lower lip on either side of the midline. On examination there were two depressions on either side of the midline, no evidence of fistula, and there was absence of any other associated symptoms and abnormalities.

The female patient aged 17 years elicited that the lip pit was present since birth. On general examination, there were no associated anomalies in the body. There was no evidence of any cleft lip. Intra-orally, all the teeth were normal in size, shape and number. No evidence of any cleft palate was present. A diagnosis of bilateral congenital lip pit was made.

Discussion

Lip pits are developmental anomalies that occur either in association with other developmental disturbances or as an isolated defect. Various syndromes associated with lip pits are Van der Woude's syndrome, Popliteal Pterygium syndrome, Oral facial digital syndrome and Marres and Cremer's syndrome [4]. Lip pits occurring in the commissures are far more common than those that occurring in mid line. Congenital lower lip pits are generally bilateral and symmetric mid line depressions that develop on the vermilion border of the lower lip[5].

At 5.5 weeks during the developmental stage of the head and neck, the fusion of the mandibular arch and sulcus lateralis of the lower lip occurs, While the fusion of the maxillary and frontonasal processes come about at 6 weeks. It is hypothesized that a common event may simultaneously disturb fusion in both locations. This event results in the strong association between the lip pits and cleft lip or palate [5]. The features associated with lip pits constitutes: cleft lip or palate occurs in 21% of the patient[2]; hypodontia is only rarely observed [6]. However, hypodontia is found in 10 - 81% of the patients with Van der

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Woude syndrome. Other features and anomalies associated in patients with lip pits include syndactyly of the hands, clubfoot, genitourinary abnormalities, and cardiovascular anomalies[5]. Patients often perceive these pits as depressions made by the maxillary central incisors, although the pits are present from birth, much before maxillary incisors erupt. As often the case, the depressions in our patient were thought to have developed because of the pressure made by her teeth and our patient has not had any previous evaluation of the pits. The clinical picture of lip pits may vary ranging from a single pit in the centre of the lip to two

pits [one on the right and one on the left] or one pit on either the right side or left side. Their occurrence can be on the inner lip surface, outer lip surface or on the margin between the inner and outer lip. They may be shallow or deep, varying from asymptomatic slight depression on vermilion border[6] to pits that form canals ranging in length from 1- 25 mm, which generally extend into the orbicularis oris muscle. The lip pits may require no treatment if they are mild[6]. The treatment of the pits is surgical excision[2] to alleviate discomfort or for cosmetic reasons[6].



Fig 1: Photograph of clinical picture of lip pit (The arrows indicate the bilateral lip pits present on either side of the midline on the lower lip.)

Conclusion

The lip pits are an unusual developmental anomaly affecting oral cavity that can cause aesthetic embarrassment because of the continuous secretion from site. However in the present case there was no such kind of complication. Cases with considerable deformation and complications must be treated wisely since lips form the essential part of one's face.

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