## Images in Clinical Practice

## Cheilitis glandularis



Figure 1: Swollen lower lip. Note the dry, scaly surface and drops of clear fluid on it

A 13-year-old boy presented with slowly progressive, persistent, asymptomatic swelling of the lower lip for 1 year [Figure 1]. There was intermittent discharge of a sticky, clear fluid and the lips were often stuck together on waking up in the morning. He was otherwise healthy. On examination, the lower lip was dry and swollen, rubbery on palpation and sticky, clear fluid could be squeezed out. There was no cervical lymphadenopathy and oral examination was non-contributory. Punch biopsy showed normal epidermis without dysplasia, dermal edema and chronic inflammatory cells around salivary glands, consistent with the diagnosis of cheilitis glandularis. The boy was asked to avoid sun exposure and lip licking, and was treated with emollient, topical tacrolimus, and oral doxycycline. After 2 months, there was some improvement but he was lost to follow-up thereafter.

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