

# Proposed classification for the lip lesions (Dr. Patil's classification)

Sir,

Lips are placed in a very prominent position and play an important role in the manipulation of food and phonetics, and are affected by various disorders. These disorders may be simple without significant functional morbidity or may be complex and alarming. Lips known to be more susceptible to damage from the elements, the environment, trauma, and infection. Diagnosis and treatment of lip abnormalities are important, not only to prevent disease morbidity and mortality, but also to restore social acceptance and self-esteem. Most of the lip disorders may present with the common characteristics and may be indistinguishable clinically. Angular cheilitis, usually seen bilaterally at the corner of the mouth is a reactive process with variable etiological possibilities such as infections, mechanical, nutritional deficiency, and dermatoses. Contact cheilitis may be seen because of a primary irritant or a delayed hypersensitivity reactions. Exfoliative cheilitis is a reactive condition secondary to the factitious activity of the patient. Cheilitis glandularis is a chronic inflammatory disorder which affects the labial salivary glands and their ducts. Cheilitis granulomatosa may be seen as one manifestation of orofacial granulomatosis. The granulomatous conditions of Melkersson–Rosenthal syndrome, sarcoidosis, and Crohn's disease may be associated with cheilitis granulomatosa, or it may stand alone as Miescher's cheilitis.<sup>[1-3]</sup> A cleft lip may be seen due to developmental defects.<sup>[4]</sup> Apart from these conditions various malignant and premalignant conditions such as

squamous cell carcinoma, basal cell carcinoma, leukoplakia, oral submucous fibrosis, and actinic cheilitis are seen to be affecting the lips.<sup>[5]</sup> The problem of classification of lip diseases is extremely difficult and complex. When literature is analyzed, it can be seen that no much attempts have been made to classify lip diseases. Consequently, we are proposing a simple classification for lip diseases which may be universally accepted [Table 1].

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## Conflicts of interest

There are no conflicts of interest.

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**Table 1: Proposed classification for the lip lesions**

Etiology	Type of Disorders
Developmental	Cleft lip, fordyce spots, double lip, congenital lip and commissural pits and fistulas, macrocheilia, microcheilia, eclabium
Infection	Viral: Herpes simplex/current herpes labialis Bacterial: <i>Staphylococcus aureus</i> (impetigo) Fungal: <i>Candida albicans</i> (angular cheilitis)
Granulomatous disorders	Sarcoidosis, crohns disease, tuberculosis, cystic fibrosis
Autoimmune disorders	SLE, erythema multiforme
Inflammatory conditions	Cheilitis glandularis, cheilitis granulomatosa, exfoliative cheilitis, contact cheilitis, chronic atrophic-abrasive cheilitis, eczema around lips
Allergic	Angioneurotic edema
Obstructive salivary gland disorder	Mucocele
Pigmented lesions	Hemangioma, lentigo, labial melanotic macule
Premalignant lesions and conditions	Leukoplakia, OSMF, actinic cheilitis, Intradermal naevus, lichenplanus
Benign neoplasias	Fibroma, papilloma
Malignancies	Squamous cell carcinoma, basal cell carcinoma

SLE = Systemic lupus erythematosus, OSMF = Oral submucous fibrosis

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