Double Lip: Report of Five Cases and Review of the Literature

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The authors are from the Elfasher Teaching Hospital, Elfasher, Darfur, Sudan, where Dr. Suliman is a consultant plastic surgeon and Dr. Alhassan is a consultant general surgeon. Dr. Suliman is also a consultant plastic surgeon at King Khalid Civil Hospital, Tabuk, Saudi Arabia.

Double lip is a rare deformity that may cause the affected person severe psychological distress because of its disfiguring effect on the smile. Most cases of double lip were reported from Europe and North America. We present five patients with this deformity from an African country and review the literature. (Aesthetic Surg J 2007;27:289–291.)

Case Report

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Double lip is a condition in which the inner mucosa of the lip, usually the upper lip, becomes hypertrophied and redundant. It is commonly congenital but can be caused by trauma or occur in association with Escher’s syndrome. Although double lip may cause no functional problem for the patient, it can sometimes lead to psychological distress that necessitates treatment. We report our experience with five cases.

Patients and Treatment

Five patients with double lip, including four men and one woman, were treated in our department between February 1998 and February 2000 (Table). The upper lip was affected in all patients. The cause of the deformity was congenital in four patients; in the fifth patient, a unilateral upper double lip resulted from trauma.

In all cases, the treatment consisted of simple excision of the excess mucosa by use of a local anesthetic. Results were uniformly good (Figures 1 and 2).

Discussion

Double lip occurs rarely and can affect both men and women with no predilection for race or sex. The deformity consists of a redundant mucosa, often bilateral, with a midline constriction caused by the attachment of the frenulum, which hangs over the gingiva and covers the teeth, resulting in an appearance that can embarrass the patient, especially when smiling. Congenital double lip results from thickening and hypertrophy of the inner portion of the lip (pars villosa), which is separated from the outer portion (pars glabra) by a persistent horizontal sulcus that develops during the second or third month of gestation. Although congenital, the defor-

Table. Patient characteristics

<table>
<thead>
<tr>
<th>Patient no.</th>
<th>Age (years)</th>
<th>Gender</th>
<th>Cause of deformity</th>
<th>Lip involved</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>14</td>
<td>Male</td>
<td>Congenital</td>
<td>Upper-bilateral</td>
<td>Simple excision</td>
</tr>
<tr>
<td>2</td>
<td>16</td>
<td>Male</td>
<td>Congenital</td>
<td>Upper-bilateral</td>
<td>Simple excision</td>
</tr>
<tr>
<td>3</td>
<td>19</td>
<td>Female</td>
<td>Congenital</td>
<td>Upper-bilateral</td>
<td>Simple excision</td>
</tr>
<tr>
<td>4</td>
<td>20</td>
<td>Male</td>
<td>Congenital</td>
<td>Upper-bilateral</td>
<td>Simple excision</td>
</tr>
<tr>
<td>5</td>
<td>21</td>
<td>Male</td>
<td>Trauma</td>
<td>Upper-unilateral</td>
<td>Simple excision</td>
</tr>
</tbody>
</table>
mity becomes apparent only during childhood, after the eruption of the permanent teeth.\textsuperscript{2,4,6}

Although double lip usually presents as an isolated condition, association with other conditions has been reported. It can be part of Ascher’s syndrome, which includes double lip, blepharochalasis, and a nontoxic goiter.\textsuperscript{2,4,5,6} Other reported conditions associated with double lip are bifid uvula, cleft palate, cheilitis, and facial hemangioma.\textsuperscript{4} None of our patients showed any associated condition.

Treatment is indicated when the condition interferes with speech or mastication or for cosmesis.\textsuperscript{4,6} The indication for treatment in our patients was for cosmetic problems, particularly for patient 5, who suffered psy-

\textbf{Figure 1.} A, Preoperative view of a 14-year-old boy (patient 1) with double lip shows the redundant mucosa hanging over the upper teeth. B, Early postoperative results 3 months after simple excision of the redundant mucosa.

\textbf{Figure 2.} A, Preoperative view of a 19-year-old woman (patient 3) shows mild redundant mucosa of the upper lip. B, Early postoperative results 3 months after simple excision of the redundant mucosa.

\textbf{Figure 3.} Illustration shows the front view of the line of incision (dotted line) along the junction between the normal and the redundant mucosa.
chological distress to the extent of isolating himself from his colleagues after a double lip caused by trauma developed. As reported by several authors, simple excision with the patient under local anesthesia provides the best aesthetic results.\textsuperscript{1,2,4,6} We also achieved satisfactory results with this treatment.

The authors have no financial disclosures with respect to this article.

References

Accepted for publication February 15, 2007.
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1090-820X/$32.00