

**MANAGEMENT OF RECURRENT EXFOLIATIVE  
CHEILITIS A/R LABIUM SUPERIOR AND INFERIOR  
IN PATIENT 12-YEAR-OLD  
(PENATALAKSANAAN EXFOLIATIVE CHEILITIS  
REKUREN A/R LABIUM SUPERIOR DAN INFERIOR  
PADA PASIEN USIA 12 TAHUN)**

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**ABSTRACT**

Exfoliative Cheilitis (EC) is a chronic inflammatory condition of the lips, characterized by fissuring, desquamation, and the formation of a bleeding crust. EC causes a burning sensation of varying intensity and sometimes bleeding. EC has no clear etiology but is associated with bad habits such as lip licking and biting, stress or depression, and systemic disease states. The best treatment for EC is to eliminate the cause or predisposing factor. Treatment was given in the form of topical corticosteroid application and petroleum jelly. The use of corticosteroids can be discontinued if there are no complaints and to overcome the dryness of the lips it is recommended to apply petroleum jelly. One week after the treatment, there was a wound healing process, but the condition

of the lips still showed redness and the patient's lips were still peeling. After one month, the patient's lips have healed, and the patient's bad habits such as licking the lips and peeling the lips have disappeared.

**Keywords:** corticosteroid; desquamation; exfoliative cheilitis; fissuring.

### **ABSTRAK**

*Exfoliative Cheilitis (EC) adalah kondisi peradangan kronis pada bibir, ditandai dengan fisura, deskuamasi, dan pembentukan kerak perdarahan. EC menyebabkan sensasi terbakar dengan intensitas yang bervariasi dan terkadang berdarah. EC tidak memiliki etiologi yang jelas, tetapi dikaitkan dengan kebiasaan buruk seperti menjilat dan menggigit bibir, stres atau depresi, keadaan penyakit sistemik. Perawatan terbaik untuk EC adalah menghilangkan penyebab atau faktor predisposisi. Pada pasien ini diberikan pengobatan berupa aplikasi kortikosteroid topikal dan petroleum jelly. Penggunaan kortikosteroid dapat dihentikan jika tidak ada keluhan dan untuk mengatasi kekeringan pada bibir dianjurkan mengoleskan petroleum jelly. Pada saat kontrol 1 minggu setelah pemberian topikal triamcinolone acetonide, vitamin, petroleum jelly, serta instruksi kebersihan mulut, terdapat proses penyembuhan luka tetapi kondisi bibir masih menunjukkan kemerahan dan bibir pasien masih mengelupas. Pada kontrol setelah 1 bulan, terlihat adanya penyembuhan luka pada bibir pasien. Kebiasaan buruk pasien seperti menjilat bibir dan mengupas bibir sudah hilang.*

**Kata kunci:** deskuamasi; exfoliative cheilitis, fisura; kortikosteroid.

### **INTRODUCTION**

Cheilitis is a general term for inflammation of the vermilion border of the lip. Cheilitis is classified into several types:

angular cheilitis, actinic cheilitis, contact cheilitis, cheilitis glandularis, granulomatous cheilitis, exfoliative cheilitis, and factitious cheilitis. These lip

lesions may occur as manifestations of systemic disease, local expression of skin disease or local conditions of the lips. A good history and clinical examination will help the doctor to get a diagnosis.<sup>1,2</sup>

Exfoliative Cheilitis (EC) is a chronic inflammatory condition that occurs on the lips and is characterized by fissures, desquamation, and the formation of bleeding crusts. Exfoliative cheilitis most often in young women with a history of psychiatric disorders. This condition is more common in the upper and lower lips and is more common in young women. The cause of EC is unknown, but it can occur due to stress, habitual licking, and biting of the lips. Causes of EC are also associated with psychological and thyroid disorders.<sup>2,3</sup>

This condition is often disturbing and unaesthetic. EC causes burning symptoms of varying intensity and sometimes bleeding. This condition appears to be multifactorial making it difficult to treat and can last for years. In some cases, EC can heal spontaneously even if only for some time.<sup>2,4</sup>

The best treatment for EC is to eliminate the cause or predisposing factor. Topical treatments may also be given to patients including antibacterial and antifungal ointments, corticosteroid ointments, sunscreens, petroleum jelly, herbal products, urea 20% ointment,

tacroglogic ointments, salicylic acid ointments, and systemic treatments consisting of corticosteroids, antifungals, and antidepressants.<sup>1,4</sup>

Based on the above explanation, the author will report a case of recurrent exfoliative cheilitis at the region labium superior and inferior in a 12-year-old female patient.

## CASE REPORT

A 12-year-old patient came accompanied by his mother with a complaint that with complaints of dry lips, peeling easily, sometimes bleeding, and stinging for 6 months. The patient has a habit of frequently licking his lips, peeling the skin of his lips until they bleed, drinking flavored drinks more often, and rarely drinking water. Patients also rarely eat fruit and vegetables. This complaint was not seen by the patient's family members. Previously, the complaint had been treated with topical medication and recovered, but then the complaint reappeared after one month. The patient denied any history of allergies and wants his complaint removed.



**Figure 1.** Clinical features of exfoliative cheilitis at the early visit.

The results of the extra-oral examination revealed there are multiple reddish ulcerative lesions accompanied by bleeding, irregular in shape with a shallow surface with a crusted margin with size 1 cm on the labium superior and inferior dextra to sinistra. The total blood count was carried out on the patient and the results of the examination were as follows:

**Table 1.** Examination of total blood count

Examination	Result	t	Value
Hematology			
Hemoglobin	13,6	gr/dL	11,8 - 15
Hematocrit	41,0	%	33 - 45
Erythrocyte	4,88	million/uL	3,8 - 5,8
MC Value			
MCV	84,0	fL	69 - 93
MCH	27,9	pg	22 - 34
MCHC	33,2	g/dL	32 - 36
RDW-CV	12,6	%	11,5 - 14,5
Thrombocyte	387	$10^3/uL$	33,4-35,5
Leukocyte*	13,1	$10^3/uL$	4,5 - 13,5
Count Types of Leukocytes			
Basophils	0,2	%	0,0 - 1,0

Eosinophils	1,4	%	1,0 - 5,0
Neutrophils*	65,4	%	25 - 60
Lymphocytes	28,0	%	25 - 50
Monocytes	5,0	%	1,0 - 6,0
LED	18	mm/jam	0 - 20

The results of a complete blood count showed that there were high results in the leukocyte value (13,1) and the neutrophil value (65,4).

The patient was prescribed topical medication triamcinolone acetonide, and vitamins and the patient were given instructions to stop the habit of licking the lips, stop the habit of peeling the lips, eat a balanced diet, especially consumption of vegetables and fruit, drink enough water, maintain oral hygiene, use petroleum jelly.



**Figure 2.** Clinical features of the lips at 1 week of control.

At the time of visit, a week after the application of topical triamcinolone acetonide, vitamin petroleum jelly, as well as oral hygiene instructions and education, there was a wound healing process but the

condition of the lips still showed redness and the lips were still peeling.



**Figure 3.** Clinical features of the lips at 2 weeks of control.



**Figure 4.** Clinical features of the lips at 3 weeks of control.



**Figure 5.** Clinical features of the lips at 1 month of control.

At the control for 1 month, it appears that there has been healing of the wound on the patient's lips and the patient has no more complaints. The patient's bad

habits such as licking the lips and peeling the lips have disappeared.

## DISCUSSION

Exfoliative Cheilitis (EC) is a chronic inflammatory condition of the lips, characterized by fissuring, desquamation, and the formation of a bleeding crust. These lesions can cause discomfort due to pain and aesthetics.<sup>1-4</sup>

The patient came with complaints of dry lips, peeling easily, sometimes bleeding, and pain in the last 1 year ago. The patient feels uncomfortable with the condition. The patient has a habit of licking his lips, peeling the skin of the lips until they bleed for more than 6 months, drinking flavored drinks more often, and rarely drinking water. The patient also rarely eats fruit and vegetables. This problem is also seen in the patient's family members. Previously, the complaint had been treated with topical medication and the complaint had recovered, but then the complaint reappeared one month later. The patient denied any history of allergies. Therefore, based on the history and clinical examination, the patient was diagnosed with recurrent exfoliative cheilitis of the upper and lower lips.

EC has no clear etiology but is associated with bad habits such as lip licking and biting, stress, or depression.

Risk factors such as smoking, mouth breathing, excessive sun exposure, cold weather, and fungal and bacterial infections. In this case report, the patient licked his lips and smoked.<sup>2,3,5</sup>

Differential diagnoses affecting the lips such as erythema multiforme, atopic cheilitis, contact cheilitis, cheilitis simplex, angular cheilitis, and drug-related cheilitis. This condition is characterized by signs such as erythema, dryness, crusting, and scission. This condition is mainly caused by cosmetic and dental ingredients.<sup>2,6,7,8</sup>

In a retrospective study, a functional habit of lip-licking was reported in 53% of EC cases. In 48 EC patients, 87% showed psychiatric conditions such as anxiety and depression, and these conditions are often associated with stress in a person's life.<sup>4,6</sup>

Some of the signs and symptoms associated with EC include burning, tingling, itching, pain, dry feeling, ulceration, cracked lips, and bleeding. This condition usually begins as a single cleft near the midline of the lower lip and spreads to produce multiple fissures. These fissures can eventually cause yellow-white scales or ulceration and cover hemorrhagic crusts throughout the lips. The lesions appear as scales, crusts, and erythema at the vermilion margin of the lips. This pattern repeats itself causing hyperkeratotic thickening.<sup>9-12</sup>

The most important treatment for EC is educating patients about bad habits or behaviors that have the potential to cause EC. The use of corticosteroids can be discontinued if there are no complaints and to overcome the dryness of the lips it is recommended to apply petroleum jelly. In this case report, a prescription for topical corticosteroids, vitamin C, and instructions for the patient to reduce lip-licking habits eat a balanced diet, especially consumption of vegetables and fruit, drink enough water, maintain oral hygiene and use petroleum jelly on the lips to support lesion healing process.<sup>1,2,13-15</sup>

## CONCLUSION

Exfoliative Cheilitis (EC) is a chronic inflammatory condition of the lips, characterized by fissuring, desquamation, and the formation of a bleeding crust.

This condition is often disturbing and unaesthetic. EC causes a burning sensation of varying intensity and sometimes bleeding. EC has no clear etiology but is associated with bad habits such as lip licking and biting, stress or depression, and systemic disease states. Risk factors such as smoking, mouth breathing, and fungal infections. The best treatment for EC is to eliminate the cause or predisposing factor. Treatment can be given topical corticosteroids or petroleum jelly.

The use of corticosteroids can be discontinued if there are no complaints and to overcome the dryness of the lips it is recommended to apply petroleum jelly.

### CONFLICT OF INTEREST

We declare that there is no conflict of interest in the scientific articles.

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