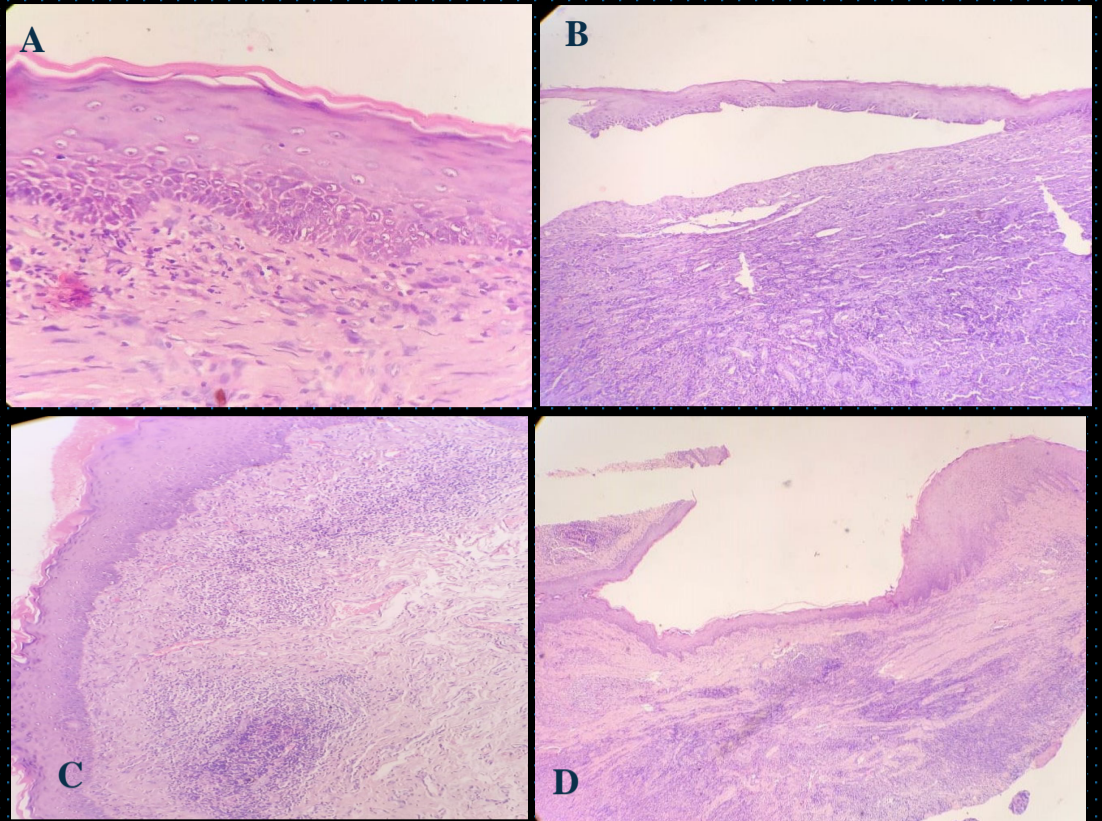


ACTINIC CHEILITIS

❖ INTRODUCTION

- ❖ Sailor's Lip or actinic cheilitis a variant of actinic keratosis known to be a premalignant condition that could develop into squamous cell carcinoma.
- ❖ Most common on lower lip along the vermilion border



❖ CASE REPORT

- ❖ A 45-year old female, farmer by occupation, referred from a dermatology clinic for diagnosis and treatment of lesions of the vermilion borders of the lower lip, more than two-year duration.
- ❖ Patient reported local irritation, pain, pruritus, and burning sensation with thin fragile skin. On examination appeared atrophic, erythematous, ulcerated areas; deletion of the mucocutaneous line of the lip, discoloured skin.

❖ HISTOPATHOLOGY

- ❖ Hyperorthokeratotic stratified squamous epithelium of variable thickness with a prominent granular layer and ulceration.
- ❖ The underlying connective tissue shows dense, diffuse inflammatory infiltrate.
- ❖ Magnification shows high power resolution image in A, B, C and low power resolution in image D.

❖ BEFORE TREATMENT



❖ AFTER BIOPSY



❖ 15 DAYS AFTER TREATMENT



❖ DISCUSSION

- ❖ Actinic cheilitis result of clonal expansion of UVB-induced transformed keratinocytes characterised by molecular and genomic alterations causing genomic instability.
- ❖ As melanin protects basal layer of keratinocytes from solar energy, persons with few granules of melanin are more likely to develop non-malignant and malignant skin lesions

❖ TREATMENT PLAN

- ❖ Aminobenzoic acid 10% cream topical thrice daily.
- ❖ Triamcinolone acetonide 0.1% topical thrice daily.
- ❖ Benzocaine 20% oral gel applied till lesion subsided.
- ❖ Patient under regular follow up.

❖ ONE MONTH FOLLOW UP



❖ CONCLUSION

- ❖ Prevention achieved by reducing cumulative exposure to UV B radiation.
- ❖ Avoidance of outdoor activities during peak sunlight hours; wearing protective clothing and use of sunscreens continued throughout life. Chemical sunscreens absorb potentially harmful UV light, whereas physical sunscreens reflect it.

❖ DIFFERENTIAL DIAGNOSIS

1. Contact cheilitis
2. Glandular cheilitis
3. Lupus erythematosus
4. Actinic lichen planus

❖ REFERENCES

- ❖ Lozzi,F.,Lanna,c.,Mazzeo,M.,Garofalo,V.,Palumbo,V.,Maz zilli,S.,Diluvio,L.,Terrinoni,A.,Bianchi,L.and Campione,E.,2019.Investigational drugs currently in phase II clinical trials for actinic keratosis .Expert Opinion on Investigational Drugs,28(7),pp629-642.

❖ ACKNOWLEDGEMENTS

- ❖ Department of Oral Pathology and Microbiology