原文題目(出處)：	Congenital double upper lip: review of literature and report of a case. J Investigative Clin Dent 2011; 2:212-5
原文作者姓名：	Anura Ariyawardana
通訊作者學校：	Division of Oral Medicine, Faculty of Dental Sciences, University of Peradeniya, Peradeniya, Sri Lanka.
報告者姓名(組別)：	郭仕斌 Intern G組
報告日期：	101/03/06

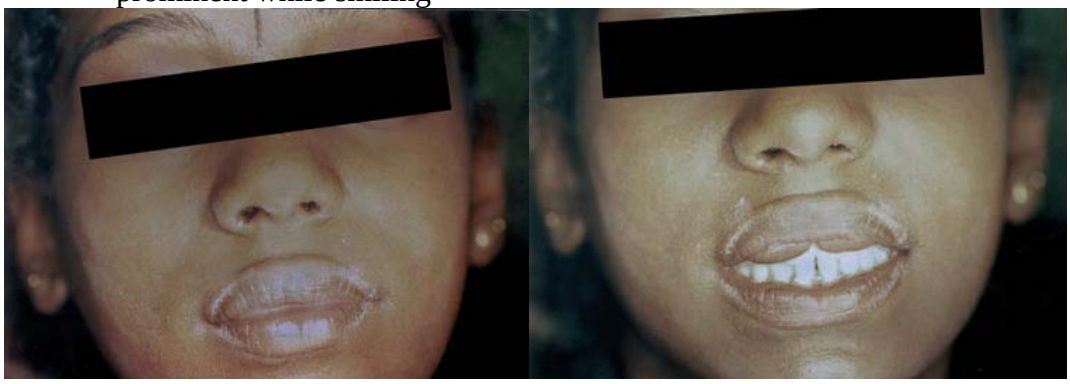
內文：

Introduction

1. Double lip is a rare anomaly of the upper or lower lip, in which a fold of excess or redundant labial tissue is apparent at rest or while smiling
2. This could either be congenital or acquired
   Upper lip ＞ Lower lip, no sex predilection
3. 「Cupid's bow」was described when it affects the upper lip
4. Ascher's syndrome:
   Blepharochalasis
   Non-toxic thyroid enlargement
   Double lip
5. This could present in association with bifid uvula, cleft palate, hemangiomas, cheilitis glandularis, after an injury, a result of habitual pulling of the mucosa through median diastima
6. Double lip might pose cosmetic or functional problems

Case report

- **P.I.**
  1. A 15-year-old female patient was brought to the Oral Medicine Clinic, Dental Hospital (Teaching), Peradeniya, Sri Lanka with a complaint of a swelling in the upper lip
  2. Unsightly appearance while smiling was the main concern of the patient and the parents
  3. The parents noted that there was a gradual enlargement of the lesion over the years
  4. There were no functional disturbances
- **O.E.**
  1. Extra folds of tissue bilaterally on the inner aspects of the upper lip
  2. This did not appear when the patient kept the lips closed
  3. It was clearly visible when the patient kept the lips apart, and became more prominent while smiling



  4. Overlying mucosa: Appeared normal
     No tenderness or any discharge

No other extraoral or intraoral abnormalities

- Impression
  Congenital double lip, bilateral upper lip
- Treatment plan
  1. The excess tissue (bilateral) was excised under local anesthesia (Bilateral infraorbital block injections)
  2. Elliptical incision lines. Primary closure of the wound.
  3. Histological examination was not carried out
  4. Follow-up 1 week,3 months, and 9 months after the operation

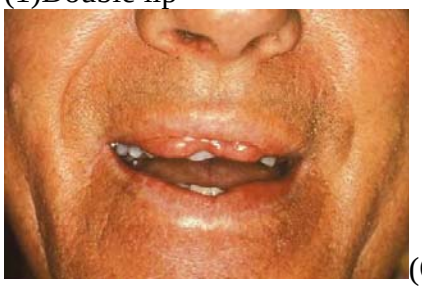
3 months *9 months*

Discussion

1. The lip normally develops during the second or third month of gestation from the pars glabrosa (outer cutaneous zone) and the pars villosa (inner mucosal zone) with disappearance of horizontal sulcus between them. Persistence of horizontal sulcus with hypertrophy of pars villosa leads to double upper lip
(Ramesh BA. Ascher syndrome: Review of literature and case report. Indian J Plast Surg 2011;44:147-9)

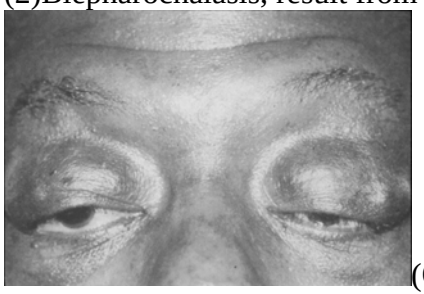
2. Ascher's syndrome

(1)Double lip



(Oral & Maxillofacial Pathology 3rd edition)

(2)Blepharochalasis, result from recurring edema of the upper eyelid



(Oral & Maxillofacial Pathology 3rd edition)

(3)Nontoxic thyroid enlargement

Occurs in 50% of patient with Ascher syndrome and may be mild in degree

3. A differential diagnosis of double lip should include hemangioma, lymphangioma, angioedema, cheilitis glandularis, cheilitis granulomatosa, and other chronic enlargements of the lips

4. Surgical correction is the treatment of choice for double lip deformity
5. Different surgical techniques have been described in the literature to remove the redundant labial tissue
   (Simple elliptical incision, W-plasty, Z-plasty)
6. In a recent report, Palma and Taub proposed that the patient can be discharged from follow up if no recurrence is observed for a period of 6 months

題號	題目
1	先天性雙唇(Congenital double lip)的發生與下列何者最相關 (A) Ascher syndrome (B) Trauma or oral habits, such as sucking on the lip (C) Persistence of the sulcus between the pars glabrosa and pars villosa of the lip (D) Cheilitis glandularis
答案(C)	出處：Oral & Maxillofacial Pathology 3rd ed, p.6
題號	題目
2	下列何者非Ascher syndrome的特徵 (A) Double lip (B) Cleft palate (C) Nontoxic thyroid enlargement (D) Blepharochalasis
答案(B)	出處：Oral & Maxillofacial Pathology 3rd ed, p.6