

LATERAL CONGENITAL SINUS OF THE UPPER LIP

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Most congenital lip sinuses are located in the lower lip and are often associated with other congenital anomalies, mainly cleft lip and palate. Sinuses of the upper lip are rare, and are usually found in the midline. It is therefore of interest to present a case of a lateral sinus of the upper lip.

CASE REPORT

The sinus had been present from birth in a 16-year-old girl who wished it removed for cosmetic reasons. There was no discharge. Insertion of a probe showed it to be medially directed towards the midline (Fig. 1).

It was excised completely under local anaesthesia through a T-plasty approach (Hirshowitz and Mahler, 1966) as shown in Figure 2. Histological examination showed a sinus composed of normal vermilion mucous membrane.

DISCUSSION

A few hundred cases of lip sinuses (also called lip fistulas) have been reviewed by Wang and McComber (1956), Koberg (1966) and others. Most are in the lower lip and their association with clefts of the lip and palate is well known (Hoffman, 1971).

Midline sinuses of the upper lip have been described (Holbrook, 1970) and are characterised by a small orifice at the vermilion border, leading to a track which ends blindly in the muscle. They are usually dry and non-infected, although salivary glands open into them in some cases. They are considered to arise from embryological remnants of ectoderm embedded in the mesodermal elements of the lip.

We know of no other report of a lateral sinus of the upper lip. Its obliquity, however, raises the possibility that this sinus was originally a midline sinus with a lateral aperture. Against this possibility is the fact that the sinus ends far short of the midline.

The aetiology of a midline sinus is perhaps similar to that of midline clefts (Holbrook) and our case might therefore be a minor representation of a left-sided cleft lip. The

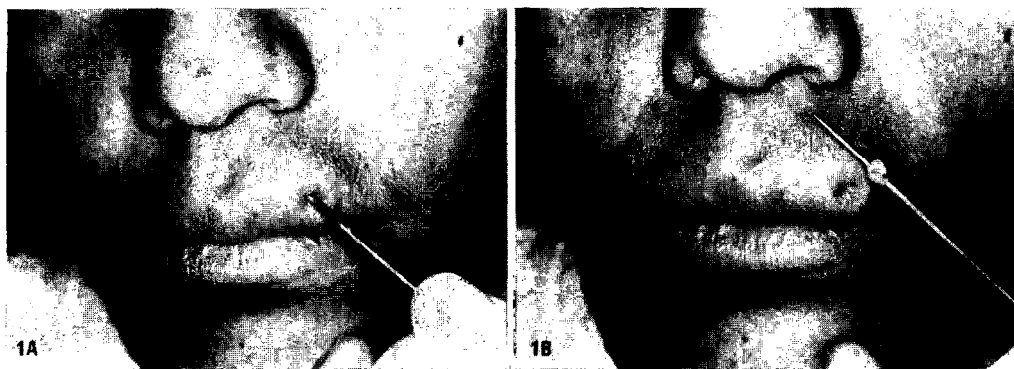


FIG. 1. A, Lateral sinus of the upper lip with probe to show the oblique passage. B, A knot has been put on the probe to show the length of the sinus. The end is well lateral to the midline.

normal vermillion epithelium, which lined the sinus, strengthens this assumption. On the other hand, this sinus may be simply an unusual variation of some midline sinus.

Various surgical approaches of excising lip sinuses have been suggested: vertical wedge excision (Hoffman, 1971), electrocoagulation (Khanna, 1970), or transverse incision (Sharpe, 1971).

The advantages of the T-plasty technique used in our case are the wide exposure and a scar which does not involve the lip skin.

The authors wish to express their thanks to Mrs B. Kulka for her excellent photographs.

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FIG. 2. A, Design of the T-plasty excision. B, Complete excision of the sinus, the probe inside being a guide. The wide exposure of the operative field is one of the advantages of the T-plasty technique. C, Wound sutured. All the incisions are within the vermillion, thus avoiding scarring of the skin of the lip.