

Chronic LIP Fracture (Literature Review)

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Annotation: As is known, chronic lesions of the red border of the lips are characterized by polyetiology.

Clinical picture "moistened," persistent course, short-term remissions, and unfavorable prognosis, therefore this topic is currently relevant.

Since a person's gaze is focused on the lips, which play an important role in forming a beautiful smile, many patients are especially attentive to emerging lip diseases. This problem has special social significance.

Chronic lip cracks are currently considered a chronic disease of the red border, mucous membrane of the lips, and corners of the mouth, accompanied by a linear disruption of lip tissue integrity.

To date, numerous methods for diagnosing and treating chronic cleft lip have been proposed, including both general and local treatment regimens.

Keywords: chronic cleft lip, oncological diseases, atopic dermatitis, eczema.

Introduction. The number of patients with oncological diseases of the maxillofacial region, including diseases of the red border of the lips (RCG), is increasing annually (Lutskeya I.K., 2011; Mikhailov I.A., 2009; Timofeev A.A., 2012, Tokmakova S.I., 2012; Allison P.J., 2002; Bizet R., 2005). The red border of the lips is a unique anatomical formation located at the border of the skin of the perioral region and the oral mucosa. Thus, being a borderline, it repeats the morphological and functional characteristics of both the skin and mucous membrane.

Often, both patients and dentists do not pay due attention to the first signs of CKG diseases. The timeframe for an outpatient dental appointment is sufficiently limited, which necessitates the algorithmization of the doctor's actions. Nevertheless, the first link that should identify the initial signs of CKD diseases is general practitioner dentists (Zalutskiy I.V., 2003; Mikhailov E.A., 2009). Often, the elements of damage identified by the doctor (scales, cracks, erosion) are assessed as the result of irregular use of cosmetic products for lip care. However, persistent signs of decreased elasticity and superficial lesions of the KCG epithelium must be considered as predictors of chronic inflammatory diseases.

Among the pathological processes localized on the red border of the lips, chronic recurrent cleft lip (CRL) and exfoliative cheilitis (EX) hold a special place. They are characterized by a prolonged, persistent course, recurrence, and are difficult to cure. More than 6% of chronic cleft lip constitute a risk group for the development of malignant neoplasms [5, 8].

The reason for the development of these diseases is unclear. The role of the hereditary factor in their occurrence was noted by A. J.I. Mashkileysen and S. A. Kutan (1976). In half of the patients, these two diseases occur in combination. It is believed that the basis of the pathology lies in vascular-tissue neurogenic mechanisms [1, 2, 9], as well as disorders of the psycho-emotional sphere [4]. Clinical

observations of patients allowed P.V. Nikolsky (1914), G.D. Savkina (1984), and S. A. Kutin (1970) to suggest the role of the thyroid gland in the development of exfoliative cheilitis and chronic cleft lip.

The lack of certain connections between internal organ diseases and lip pathology, i.e., polyetiology, suggests that all patients with CRTG and EC develop disorders such as neurodystrophy and related changes in the microcirculatory bed. Studying the role of this factor in the pathogenesis of lip red border lesions is a pressing problem in dentistry and pathophysiology. At the same time, it should be taken into account that the epithelium of the lip red border is constantly in unfavorable conditions, including high microbial contamination, irritating saliva, harmful habits (smoking, licking, biting), dental trauma, and unfavorable meteorological factors. Brusenina N.D., Rybalkina E.A. (2005) indicate that the clinical picture is characterized by complaints of painful cracks that make it difficult to talk, smile, eat, open the mouth wide, and have aesthetic flaws. On the red border of the lip, a crack of greater or lesser depth is revealed. Cracks vary in length from 0.2 to 1.5 cm [2]. In long-existing and deep cracks, there is always a bloody crust and inflammatory painful infiltrate in the base; in recently existing cracks, palpation is painless, the base is soft, a linear tissue defect with integrity disruption at the crack bottom is detected [5]. If it persists for a long time, cloudy epithelium is found along the edges, sometimes painless compaction of the crack edges due to old scars. Due to poor hygiene and unsanitary oral cavity, streptococcal infection quickly joins.

M.V. Matavkina notes that the microbial factor plays an important role in the occurrence of lip cracks. A possible etiological role is attributed to streptococcus L-forms in experimental conditions, similar to linear defects of the red border of the affected lips in laboratory animals [12]. It has been established that sensitized lymphocytes in patients with CRTG are capable of blast transformations under specific stimulation conditions [8].

Chronic cracks of the lips (chronic fibrous cheilitis) occur in different age groups, but the frequency of their occurrence differs significantly by age:

Age distribution:

- Children and adolescents (6-16 years old)
- The first manifestation often occurs at 6-7 years of age, with the highest frequency of cases by 16 years of age.
- A study of 108 children with commissural fractures and angular cheilitis showed that 12.5% of all cheilitis in children accounts for this form.
- School children (12-14 years old)
- At this age, frequent relapses of lip cracks are observed, especially in adolescents after 12-14 years.
- Young adults (18-46 years old)
- They constitute 70% of patients with chronic explosive cleft lip.
- Adults over 45 years old
- According to European data (Sweden, 1973-74), chronic fractures were more commonly diagnosed in people under 45 years of age.

Conclusions

- Chronic lip cracks are most prevalent in young and adolescent age, peaking at 12 to 46 years of age.
- In children and adolescents, the pathology accounts for 12-12.5% of all forms of cheilitis in clinical groups.
- After 45 years, the frequency decreases, but remains significant in population surveys.

Prevention

The prevention of chronic lip cracking includes a set of measures:

- Hygienic lip care: regular moisturizing using hypoallergenic balms and products containing natural oils (shi, coconut, jojoba oil), vitamin E, panthenol.
- Avoiding traumatic factors: abandoning the habit of licking, biting, or peeling lips.
- Protection from ultraviolet radiation and cold: use sunscreen for lips (SPF 15 and higher) and barrier creams during the cold season.
- Correction of background conditions: treatment of chronic dermatoses (for example, atopic dermatitis, eczema), hypovitaminosis (especially A, B2, B6), as well as normalization of water-salt metabolism.



Fig.1



Fig.2

Clinical photographs showing chronic cleft lip:

1. In the first image - the lower lip with pronounced erosion, deep cracks and crusts surrounded by white scale insects, which may indicate a mixed form (e.g., lichen planus).
 2. The second photo shows a chronic crack in the red border of the lip, recorded before and after two weeks of therapy (hydrocortisone and iodoquinol cream), demonstrating a typical picture of inflamed and cracked lip tissue ().
- The images illustrate characteristic features: fissures, erosions, cortical formations, and hyperkeratosis found in chronic forms of cheilitis.
 - Patients often complain of pain, burning, dryness, which is confirmed by photo data.

Methods for diagnosing chronic cleft lip

Method Description	Indications
Clinical examination	Identifying the crack, its depth, shape, and the nature of the edges. Analysis of complaints (pain, dryness, relapses).
Anamnesis	Assessment of duration, habits (licking, injury), concomitant diseases.
Diascopy	Checking the depth and elasticity of tissues, identifying scarring changes.
Laboratory tests	OSA, glucose levels, ferritin, B vitamins.
Microscopy of smear	Detection of fungal or bacterial infection (more often Candida).
Cytology	Evaluation of cells for atypia, dysplasia (Papanikolau staining).
Histology (biopsy)	Confirmation of the diagnosis, exclusion of malignancy, especially with a prolonged course.
Diagnosis of background states	Examination for gastrointestinal diseases, diabetes, immunodeficiency, and skin pathologies.

To date, numerous methods for diagnosing and treating chronic cleft lip have been proposed, including both general and local treatment regimens.

However, the number of patients with this pathology tends to constantly increase, therefore, the search for new drugs and methods for its treatment is important and justified. Currently, there is a trend towards the growth of malignant neoplasms, particularly in the oral cavity and lips. The reasons are meteorological factors, lack of health culture among the population, tense environmental situation in the regions, untimely diagnosis of predictor diseases, insufficient level of oncological vigilance of general practitioners (Anisimova I.V., 2008; Babanov S.A., 2002; M.S.Bratoychева, 2008; Gubanova E.I., 2010). The problem of the mutual influence of various factors on the course of chronic lip fissure has not been sufficiently developed, and there is no information on predicting the risk of its malignization, which determines the relevance of the study.

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