

**LATERAL CONGENITAL SINUS OF THE UPPER LIP**

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**SUMMARY**

*A case of congenital lateral lip sinus has been presented because of its rarity. Literature and aetiology have been briefly reviewed.*

The incidence of lip sinuses is more in lower lip than the upper and is usually associated with other congenital anomalies like cleft lip and palate. Sinuses of upper lip are extremely rare and are usually found in the mid-line. It is therefore of interest to present a case of right-sided lateral sinus of upper lip.

**Case Report**

A 25-years old female presented with a sinus of the upper lip on right side, which was present since birth (Fig. 1). She complained of a thin white colored discharge from the sinus while eating. She wanted it to be removed because she had to wipe the discharge off and on and also for cosmetic reasons. The sinus track was directed medially towards the mid-line (Fig. 2). It was excised completely under general anaesthesia through a 'T' plasty approach (Hirshowitz and Mahler, 1966). The post-operative appearance of the patient is shown in (Fig. 3).

Histological examination showed that the sinus was lined by squamous epithelium with presence of salivary and mucous glands.

**Discussion**

A total of 280 cases have been reported in the literature (Philips, 1968). A few hundred cases have been reviewed by Wang and MacComber (1956), Koberg (1966) and others.

The aetiology of lip sinuses is not yet known.

They are believed to arise from embryological remnants of ectoderm embedded in the mesodermal elements of the lip. They are usually dry and non-infected, although salivary glands open into them in some cases. Mid-line 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.

We know of only one case reported by Mahler and Karev (1975), in which the sinus was present on the left side. In our case the sinus was on the right side. Its oblique direction as seen by probe examination raises the possibility that the sinus was originally a mid-line sinus with a lateral aperture. But against this is the fact that the sinus track did not extend upto the mid-line.

The aetiology of mid-line sinus is perhaps similar to that of mid-line clefts (Holbrook, 1970) and our case might, therefore, be a minor representation of right-sided cleft lip.

Various surgical procedures have been tried for excision of lip sinuses—

Rose (1968) suggested an intraoral window, vertical wedge excision (Hoffman, 1971), electrocoagulation (Khanna, 1970), or removal by transverse incision (Sharpe, 1971).

The 'T' plasty approach used in this case has the advantage of giving a wide exposure and a scar which does not involve the lip skin.

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Fig. 1. Showing Lateral sinus of upper lip (Right side).

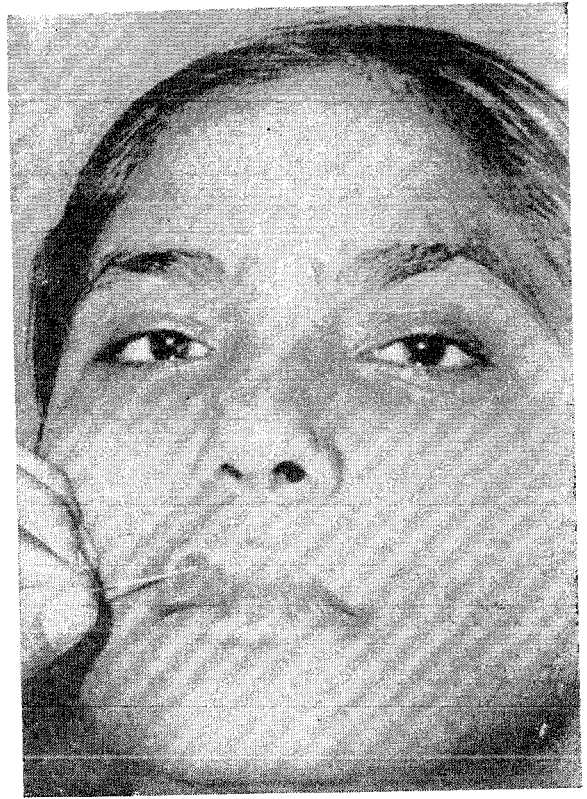


Fig. 2. Showing a probe to show the oblique direction.



Fig. 3. Showing the post-operative appearance (6 months after operation).

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