

## Cheilitis Glandularis Simplex

A 14-year-old boy presented with insidious onset of diffuse swelling of the lips with eversion of lower lip (*Fig. 1*), burning sensation and sticking of the lips due to glue-like secretions, especially in the morning and on sun exposure. The lower lip was swollen; patulous opening of the ducts of the minor salivary glands were visible. Palpation revealed expression of mucous fluid from the minor salivary glands and a pebble-like feeling. A clinical diagnosis of cheilitis glandularis simplex was made for the patient.

Cheilitis glandularis is a rare inflammatory condition of the minor salivary glands, usually affecting the lower lip. The delicate lower labial mucous membrane is secondarily altered by environmental influences, leading to erosion, ulceration, crusting, and, occasionally, infection. The openings of the minor salivary gland ducts become inflamed and dilated, and there may be mucopurulent discharge from the ducts. It carries a risk of (18% to 35%) malignant transformation to squamous cell carcinoma. Preventive treatment such as vermilionectomy (lip shave) is the treatment of choice. Intralesional steroids, minocycline and tacrolimus ointment are the other



**FIG. 1** Swollen, everted and dry lower lip.

treatment modalities. The clinical differentials include actinic cheilitis (scaling, fissuring without any pebble-like feel or exudation of mucus on pressing), granulomatous cheilitis (permanent swelling of lip; without ulceration, scaling or fissuring or pebble-like feel) and cheilitis exfoliativa (scaling, crusting, more commonly involves upper lip).

**SWOSTI MOHANTY, ANUPAM DAS AND ANUPAMA GHOSH**  
*Department of Dermatology, Medical College and Hospital, Kolkata, West Bengal, India.*  
*anupamdasdr@gmail.com*

## Infantile Acne

A 7-month-old boy was brought by his parents for a facial eruption that had been present for last two months. There was no history of any topical or systemic medications. The 26-year-old mother had a history of acne vulgaris during adolescence. Examination revealed multiple closed and open comedones, inflammatory papules, and a few pustules distributed on the cheeks and nose (*Fig. 1*). There were no other mucocutaneous abnormalities; systemic examination was normal. A diagnosis of infantile acne was made; lesion improved gradually on once-nightly application of benzoyl peroxide (2.5%).

Although acne is a disorder of adolescence, newborns and infants may rarely develop it. Neonatal and infantile acne is predominantly comedonal and usually limited to the face. Infantile acne needs to be differentiated from staphylococcal folliculitis (superficial pustules with no comedones) and acneform eruption (monomorphic inflammatory papules often with a history of topical steroid abuse). Regular cleansing with a mild soap, and



**FIG. 1** Multiple papules and comedones in infantile acne.

avoidance of application of oil or greasy substances is advised in mild disease. Moderately severe lesions may be treated with topical benzoyl peroxide (2.5%), clindamycin or tretinoin.

**DEBABRATA BANDYOPADHYAY AND ABANTI SAHA**  
*Department of Dermatology,*  
*Medical College, Kolkata, India.*  
*dr\_dban@yahoo.com*