EXFOLIATIVE CHEILITIS: REPORT OF TWO CASES PRESENTING A MARKED CLINICAL IMPROVEMENT AFTER ORAL OLANZAPINE

Departments of Dermatology and Pathology*, Department of Psychiatry**. Hospital del Mar. IMAS. Barcelona. SPAIN

Introduction

The concept of exfoliative cheilitis (EC) defines a heterogeneous spectrum of chronic inflammatory processes characterized by a persisting crusting and desquamation of the lips. It is a disorder presenting a female predominance and often develops before the age of 30 years. The etiology of EC is unknown, but a possible factitious origin has been postulated. In the dermatological French literature this condition has been described as "le tic des lèvres", in which recurrent manipulation of the lips may lead to inflammatory changes or to exacerbate pre-existing lesions. Histopathological features are often non-specific (epithelial hyperplasia and a mild inflammatory infiltrate surface). EC should be differentiated from other disorders causing persistent cheilitis such as Candidal lip infections, atopic cheilitis, actinic cheilitis, and glandular cheilitis. Historically, the use of dopamine receptor antagonists, such as aloperidol and pimozide, had been useful in the treatment of tics. The apparition of atypical antipsychotics, for instance olanzapine and risperidone, has permitted us to optimize the risk and benefit balance. We report two additional cases of exfoliative cheilitis showing a marked improvement after treatment with oral olanzapine.

Clinical cases

A 61-year-old woman was referred to our Department for evaluation of persistent desquamation of the lips. He has been treated with petroleum jelly and topical corticosteroids without improvement. He dropped out school last year because of stress. The diagnosis of anxiety disorder with obsessive traits and motor rituals was established. Physical examination revealed a yellow brown crusting of the lips with whitish patches on the mucous side (Fig 4). A bacteriological culture from the crusts isolated Candida albicans and P. aeruginosa. Treatment with oral fluconazole and ciprofloxacin were prescribed but no clinical improvement was noted. A completed haematological, biochemical and immunological survey disclosed no abnormalities. Patch test results were also negative.

Conclusions

- EC seems to include a heterogeneous group of disorders: factitious cheilitis, cheilitis secondary to an impulsivity disorder and probably several inflammatory disorders causing persisting lip desquamation (irritative cheilitis, allergic contact cheilitis, infectious disorders, etc).
- In some cases of exfoliative cheilitis underlying psychiatric disturbances may be detected.
- We reported two cases of persistent EC refractory to topical treatments in two patients with an underlying psychiatric disorder who recognized a possible self-inflicted cause for the lesions.
- In both patients a marked clinical improvement was noted after treatment with oral olanzapine. No significant side-effect was noted.
- Oral olanzapine, an effective drug usually prescribed for the obsessive-impulsive disorder, may be an additional useful therapeutic option for patients with exfoliative cheilitis.

References