**INTRODUCTION**

- Sailor’s Lip or actinic cheilitis a variant of actinic keratosis known to be a premalignant condition that could develop into squamous cell carcinoma.
- Most common on lower lip along the vermilion border.

**CASE REPORT**

- A 45-year old female, farmer by occupation, referred from a dermatology clinic for diagnosis and treatment of lesions of the vermilion borders of the lower lip, more than two-year duration.
- Patient reported local irritation, pain, pruritus, and burning sensation with thin fragile skin. On examination appeared atrophic, erythematous, ulcerated areas; deletion of the mucocutaneous line of the lip, discoloured skin.

**TREATMENT PLAN**

- Aminobenzoic acid 10% cream topical thrice daily.
- Triamcinolone acetonide 0.1% topical thrice daily.
- Benzocaine 20% oral gel applied till lesion subsided.
- Patient under regular follow up.

**DISCUSSION**

- Actinic cheilitis result of clonal expansion of UVB-induced transformed keratinocytes characterised by molecular and genomic alterations causing genomic instability.
- As melanin protects basal layer of keratinocytes from solar energy, persons with few granules of melanin are more likely to develop non-malignant and malignant skin lesions.

**HISTOPATHOLOGY**

- Hyperorthokeratotic stratified squamous epithelium of variable thickness with a prominent granular layer and ulceration.
- The underlying connective tissue shows dense, diffuse inflammatory infiltrate.
- Magnification shows high power resolution image in A, B, C and low power resolution in image D.

**BEFORE TREATMENT**

**AFTER BIOPSY**

**15 DAYS AFTER TREATMENT**

**ONE MONTH FOLLOW UP**

**DIFFERENTIAL DIAGNOSIS**

- 1. Contact cheilitis
- 2. Glandular cheilitis
- 3. Lupus erythematosus
- 4. Actinic lichen planus

**REFERENCES**