INTRODUCTION
Chelitis granulomatosis (CG) is a rare, persistent, painless, idiopathic chronic swelling of the lip.
• Manifestations of orofacial granulomatosis (OFG) are characterized by non-necrotizing granulomatous inflammation of the oral and maxillofacial region.
• Incidence is 0.08% in the general population.
• Clinical features - labial enlargement, perioral and mucosal swelling, oral ulcerations.

CASE DESCRIPTION
• A male patient aged 45 years referred from the Department of Dermatology with complains of swelling of the lip for the past 6 months with no history of any systemic disease.

INVESTIGATIONS TO RULE OUT
1. Complete blood count, ESR - Infections
2. Chest x-ray - Sarcoïdosis, Tuberculosis
3. Mantoux test - Tuberculosis
4. GIT Endoscopy - Crohn’s disease
5. Biopsy (confirmatory test) - Chelitis Granulomatosa

INVESTIGATIONS
• Histopathological – a) Peri & paravascular inflammatory infiltrate in fibrous connective tissue b) Non-caseating granulomas made up of Langerhans type of giant cells are present

Final diagnosis - chelitis granulomatosa

DIFFERENTIAL DIAGNOSIS
• Crohn’s disease, sarcoidosis, angioedema, tuberculosis, elephantiasis nostras, etc.

DISCUSSION
• CG is rare noncaseating granulomatous disorder. It can be considered a monosymptomatic variant of Merkelsson Rosenthal syndrome, which is a triad of granulomatous chelitis, fissured tongue and facial palsy.
• In this case the presence of non syndromic CG without the other two manifestations were noted and hence referred to as Miescher’s syndrome / Miescher’s chelitis granulomatosa.
• Appropriate investigations are done which helps us to exclude other granulomatous conditions.

REFERENCES

CONCLUSION
• Present case highlights the importance of thorough investigations in the diagnosis of the lesion which has been treated by conservative approach.
• Clinician should know about the comprehensive approach to diagnose, so as to provide various means of treatment planning.

REFERENCES

TREATMENT PLAN
• Advised oral Clofazimine 50mg & Antihistamine (levocetrizine) 5mg once daily for 2 weeks.
• Topical corticosteroid (clobetasol propionate 0.05%) to be applied twice for 14 days.

On examination - Clinical image showing mild generalized puffiness present over the face with localised enlargement in lower and upper lip.

Patient reviewed after 14 days. Post treatment image shows reduction in swelling size of lower and upper lip.

REFERENCE