



THE AUSTRALASIAN COLLEGE
OF DERMATOLOGISTS

Granulomatous Cheilitis

Also known as ... Cheilitis Granulomatosa, Miescher's Cheilitis

What is granulomatous cheilitis?

Granulomatous cheilitis is a rare condition characterised by persistent, diffuse, soft-to-firm swelling of one or both lips.

What causes granulomatous cheilitis?

The exact cause is unknown. However, factors including allergy to foods and medication, contact allergy, genetic predisposition and infection have been implicated.

What does it look like?

The first symptom of the condition is often an intermittent and usually painless swelling. As it progresses, the episodes become more frequent and may involve both lips. There may be painful cracks, fissures, reddish brown discoloration and scaling.

What other problems can occur with granulomatous cheilitis?

In rare cases, granulomatous cheilitis has been reported with facial nerve palsy and fissured tongue resulting in a condition known as Melkersson–Rosenthal syndrome.

How is it diagnosed?

A lip biopsy of the affected tissue is needed in most cases. However, a biopsy may not be conclusive in the earlier stages.

It is important to rule out other associated diseases including Crohn disease, sarcoidosis, foreign body reaction, lymphoma, angioedema and infection.

How is granulomatous cheilitis treated?

The aim of treatment is to improve the person's appearance and comfort. Spontaneous remission is possible, although rare.

Symptoms may be improved by avoiding potential allergens which can be identified through [patch testing](#). It is also important to effectively treat any underlying conditions.

Multiple therapies, alone or in combination, have been reported to be successful in individual cases. These include:

- Topical, intralesional and systemic corticosteroids
- Anti-inflammatory antibiotics such as minocycline, erythromycin and metronidazole
- Nonsteroidal anti-inflammatory agents (NSAIDs)
- Other systemic treatments such as [methotrexate](#), tacrolimus, clofazimine, [dapsone](#), ketotifen and anti-TNF agents
- Surgical excision of excess tissue and radiation therapy

This information has been written by Dr Davin Lim and Dr Heba Jibreal