



ANGULAR CHEILITIS

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Angular cheilitis, also known as perleche, is a common condition where the angles of the mouth become inflamed. Anatomically, it is made possible when redundant skin at the labial commissures, or angles of the mouth, allows collection of saliva. As the saliva dries, it leads to cracking of the skin. The patient may moisten the area in an attempt to prevent further irritation. However, this effort only serves to aggravate the problem. The excess moisture may lead to secondary infection with microorganisms, such as *Candida* yeast or *Staphylococcus* bacteria. Eventually, erythema, scaling, maceration, and fissuring characterize the lesions.

Angular cheilitis is not unusual in dermatology clinics. It may affect any age patient, from infants to the elderly.

There are several risk factors for angular cheilitis. Poor-fitting dentures, malocclusion of teeth, and substantial weight loss may all contribute to sagging perioral skin. Repeated lip-smacking and thumb-sucking behaviors may contribute to excessive saliva buildup. Rarely, nutritional deficiencies, such as poor intake of B vitamins, may complicate angular cheilitis. Antibiotic use and isotretinoin therapy may be predisposing as well. Other associated conditions include diabetes mellitus, inflammatory bowel disease, and immunosuppression.

Diagnosis is based on physical examination. No special tests are required.

Treatment is aimed at keeping the labial commissures dry and free of inflammation. Antifungal creams should be used, followed by topical steroids. Mupirocin ointment may also be considered. A protective lip balm should be applied frequently. If present, underlying vitamin deficiencies should be addressed. In certain cases, cosmetic fillers may be injected to correct anatomic defects of the lateral lips.

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