



ACTINIC CHEILITIS

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Actinic cheilitis, also known as solar cheilosis, farmer's lip, or sailor's lip, is a reaction to long-term sun exposure on the lips, primarily the lower lip. The lip is especially susceptible to UV radiation because it has a thinner epithelium and less pigment. Some believe actinic cheilitis represents a type of **actinic keratosis** and is therefore premalignant. Others believe it is a form of in-situ **squamous cell carcinoma**. Regardless, the literature is in agreement that its presence indicates an increased risk for invasive squamous cell carcinoma.

Risk factors for actinic cheilitis include fair complexion, everted lips, male sex, advanced age, living at high altitudes, living close to the equator, outdoor working, history of non-melanoma skin cancer, and any condition that increases photosensitivity.

Clinically, patients commonly have other signs of sun damage such as **poikiloderma of Civatte**, solar **lentigines**, **actinic keratoses**, **Favre-Racouchot Syndrome**, cutis rhomboidalis nuchae, and solar elastosis. Patients often complain of persistent chapped lips or lip tightness. Early changes include atrophy and blurring of the vermilion border. The lips become scaly and rough; erosions or fissures may occasionally present. When palpated, it can have a sandpaper-like texture.

Differential diagnosis can include chronic lip licking, granulomatous cheilitis, drug-induced cheilitis, **contact dermatitis**, cheilitis glandularis, lupus erythematosus, and **lichen planus**. An appropriate history can help elicit the proper diagnosis, such as inquiring about new medications or lip balms, lip-licking habits, and cumulative sun exposure.

When actinic cheilitis is suspected, one must determine whether a **biopsy** is appropriate. Areas of thickening, persistent ulcerations, and recurrent lesions should warrant a biopsy to rule out malignant transformation. Some urge to biopsy all suspected cases because clinical appearance poorly correlates with the degree of dysplasia.

Treatment is aimed at preventing malignant transformation by reducing sun exposure and treating the current lesions. Patients should avoid sunlight, especially during peak hours, and use sunscreen-containing lip balms and wide-brimmed hats to mitigate further damage.

Treatment options can include topical agents (**fluorouracil**, **imiquimod**, diclofenac sodium gel), destructive techniques (**cryosurgery**, dermabrasion, **laser ablation**, **electrodessication**, **photodynamic therapy**), or surgery. Mild, focal lesions are generally treated with cryotherapy, while field therapy with a topical agent like 5-fluorouracil or imiquimod is often utilized for moderate, diffuse lesions. Laser ablation is preferred for severe actinic cheilitis, and surgical excision is recommended for severe actinic cheilitis with evidence of high-grade dysplasia. In all cases of actinic cheilitis, clinical follow-up is essential to monitor for progression and recurrence.

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