PARAMEDIAN LIP PITS

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• Paramedian lip pits are congenital invaginations of the lower lip arising from persistent lateral sulci on the embryonic mandibular arch. They are also called as congenital fistulas or congenital lip pits and they normally disappear by six weeks of embryonic age [1].

• The etiology is unknown. They usually present as bilateral and symmetric fistulas on either side of the midline of the vermilion of the lower lip [2].

• Occasionally only a single pit is present that may be centrally located.
• A ten year old male presented to our clinic with complaint of decayed teeth in the upper and lower jaw.

• Clinical examination revealed three decayed teeth in the upper and lower jaw which required restoration. On closer examination of the lower lip prominent depressions were observed [Figure 1]. The lip pits were present since birth [Figure 2]. There was no relevant family history.
Figure 1
Figure 2
Lip pits are blind sinuses which extend to a depth of 1.5 cm and may express salivary secretions. The greatest significance of paramedian lip pits is that they are usually inherited as an autosomal dominant trait in combination with cleft lip and/or cleft palate. It is called as Vander Woude syndrome. The incidence of Vander Woude syndrome is 1:75,000 to 100,000[3]. Recent genetic studies have shown that microdeletion at chromosome bands 1q32 – q41 are the cause of this syndrome.
Paramedian lip pits are also a feature of popliteal pterygium syndrome which is characterized by popliteal webbing (pterygia), cleft lip and or cleft palate, genital abnormalities and congenital bands connecting the upper and lower jaws (syngnathia). ¹

The case presented here showed none of the above features other than the lip pits.
The labial pits may be excised for cosmetic purpose. However the most significant problem is associated with the congenital anomalies and the potential of transmission of the trait to subsequent generations. This case is presented here for its rarity.
