"CLINICAL AND DERMOSCOPIC ASSESSMENT OF VARIOUS LIP LESIONS - A CROSS-

SECTIONAL STUDY"

BY

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In partial fulfilment of the requirements for the degree of MD

IN

DERMATOLOGY, VENEROLOGY AND LEPROSY

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LIST OF ABBREVIATIONS

- PMD- Potentially malignant diseases
- SCC- Squamous cell carcinoma
- LP Lichen planus
- PL- Polarized light
- NPL- Non Polarized light
- DLE- Discoid Lupus Erythematosus
- FDE- Fixed Drug Eruptions
- LE Lupus Erythematosus
- SJS- Steven Johnson Syndrome
- CMN- Congenital Melanocytic Nevus

ABSTRACT

Background- Lips are highly susceptible to environmental effects so common oral mucosal lesions are seen over the lips. Few studies have been carried out till now to estimate the prevalence of lip lesions exclusively. Dermoscopy is a link between macroscopic clinical dermatology and microscopic dermatopathology and has the capability to avoid unnecessary excisional biopsy and extensive surgery.

Aims and objectives-

- To assess the prevalence of lip lesions in South India region.
- To study the clinical and dermoscopic features of various lip lesions.

Materials and methods- It is an hospital based cross-sectional study of patients presenting with various lip lesions. Patients were subjected to detailed clinical and dermoscopic examination and categorized into neoplastic and non-neoplastic groups. Non-neoplastic were further sub-categorized into inflammatory, infections, pigmentary lesions. Punch biopsy was done if necessary.

Results- Among 37589 patients attending dermatology OPD during the study period, 150 patients had various lip lesions with prevalence of 0.40. Age of the patients ranged from 4-79 years. Non-neoplastic lesions were commonly seen(122 patients), than neoplastic(28 patients). 25 cases required biopsy to reach final diagnosis. Of 150 patients with various lip lesions, most of them were lichen planus (30%), followed by contact cheilitis (13%), actinic cheilitis(9.33%), herpes labialis(8%). Radial Wickham striae was the most common pattern seen, followed by linear pattern.

Conclusion-

The prevalence of lip lesions was 0.40 Lichen planus was the prevalent lesion in the study(30%) with radial Wickham striae being the most common pattern.

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INTRODUCTION

The lips (labia oris) are two fleshy folds that surround the orifice of the mouth¹. Lips are the structures that surround the oral aperture.

In the centre, the superior border corresponds to the inferior margin of the base of the nose. The inferior limit of the lips in the central region is the mento labial sulcus. Laterally followed by the alar sulci. Upper and lower lips join at the oral commissures. The philtrum and its pillars form part of the upper lip.

Surface of the lip is comprised of four zones :

- 1. The Hairy skin
- 2. Vermilion border The rim of paler skin that demarcates the vermilion from the surrounding skin.
- 3. Vermilion The red part of the lips, covered with a specialized stratified squamous epithelium, which is in continuity with the oral mucosa of the gingivolabial groove. Confusingly, sometimes the vermilion itself is also often referred to as the lips.
- 4. Oral mucosa.

The normal shape of the lips varies with age and is also influenced by ethnicity. The ideal ratio of the upper-tolower lip is 1:1.6¹.

Lips are highly susceptible to environmental effects, because of their poor skin barrier function and low water retaining capacity.

Few Large-scale population-based screening studies were carried out and have identified lip lesions to be the most common oral mucosal lesions; however, few studies have been carried out to estimate the prevalence of lip lesions exclusively.

Various epidemiological studies have been done around the globe to report the prevalence of oral mucosal lesions in different populations. However, fewer studies have been done to estimate the prevalence of lip lesions.² The present study aims to highlight the diversity of lip lesions, their clinical and dermoscopic features and to determine their prevalence in North Karnataka region.

Dermoscopy is a link between macroscopic clinical dermatology and microscopic dermatopathology. Dermoscopy can avoid unnecessary excisional biopsy.³

Dermoscopy is non-invasive technique used for examination of skin pigmented and non-pigmented lesions. It is performed with a handheld instrument called dermoscope, which allows visualization of subsurface skin structures in the epidermis, dermo-epidermal junction and upper dermis that are not visible to naked eyes.³

Dermoscopy has significantly improved the diagnostic accuracy of pigmented and non-pigmented skin lesions. It as a promising adjunctive to for diagnosis.

It reduces the number of differentials of a lesion. Dermoscope ia so called – A Dermatologist's Stethescope.⁴

AIMS AND OBJECTIVES OF THE STUDY

- To assess the prevalence of different types of lip lesions in South India region
- To study the clinical and dermoscopic features of lip lesions.
- To correlate clinical and dermoscopic features of different lip lesions.

REVIEW OF LITERATURE

Lips are the site of clinical and pathological changes caused by wide spectrum of etiologies.

This anatomical site can host up to 25.7% of oral lesions, 12% of the head and neck cancers. Lip lesions can act as an indicator of the presence of underlying systemic disease.²

The prevalence of lip lesions in Indian population is 18.8%.⁵

An important fact that must be considered for early diagnosis of lip lesions is the knowledge of their relative occurrence frequency.

Previous studies:

- Bansal S, Shaikh S, Desai RS, Ahmad I *et al.* in a study related to the spectrum of lip lesions in tertiary care hospitals inferred that the prevalence of 18.8 %. The lower lip was the most affected site , and potentially malignant diseases (PMD) were the most common lesions. ²
- Study by Patil S, Maheshwari S on the Prevalence of lip lesions in an Indian population aged 8-70 years found out that the prevalence of lip lesions was 18.8%. The most commonly diagnosed lesions were of infections>mucocele>premalignant lesions. The relatively high prevalence of lip lesions suggest that practitioners should have adequate knowledge about the etiology, their clinical features, diagnosis, and management of lip lesions.⁵
- Olszewska M *et al* reviewed the current knowledge about the characteristic dermoscopy features of pigmented lesions of the oral cavity membranes and lips. A major advantage of a dermoscope is its capability to avoid unnecessary biopsy, the necessity to strengthen research, which would result in clear-cut dermoscopy criteria for mucosal melanoma, and the need for constructing thin flexible dermoscopes for investigating oral mucous membranes.³

- A retrospective 11-year study on lip lesions on patients attending an oral diagnostic center between 2006-2016 by Barros CC *et al.* concluded that the most frequent lesions in the sample were mucocele, followed by actinic cheilitis. The lower lip is most affected. Only 3.6% of 587 cases showed recurrence.⁶
- Elmas ÖF *et al* studied the dermoscopic features of lower lip squamous cell carcinoma: A descriptive study including 13 histologically proven SCC concluded that white and milky red structureless areas, blood spots on thick keratin scale, and polymorphous vascular patterns are the main dermoscopic clues to doagnose lip SCC.⁷
- 2020 Neema *et al* studied dermoscopy of lip lichen planus: A descriptive study including 12 biopsyproven patients of lip LP. The study gives knowledge about dermoscopic features of lip LP. Wicham striae, pigmentation, and telangiectasia, are specific clues of lip LP.⁸

DERMOSCOPE

Dermatoscopy, sometimes referred to as dermoscopy, incident light microscopy, epiluminescence microscopy, or skin-surface microscopy, is a low-cost, non-invasive in vivo method that makes it possible to see morphologic characteristics that are invisible to the unaided eye.⁹

German dermatologist Johann Saphier (1920) introduced the term "dermatoscopy". The term "dermoscopy" was later coined by Goldman. The first dermoscope was developed in 1989 by Stolz and Braun- Falco¹⁰.

The dermoscope is a mobile, non-invasive diagnostic tool that enlarges some skin substratal structures that are unseen to the unaided eye or even a magnifying lens, as well as the tiny surface features of skin lesions..¹¹ It connects macroscopic clinical dermatology with microscopic dermatopathology.¹²

Pigmented and non-pigmented lesions can be diagnosed with a higher sensitivity and specificity by a dermoscope as compared to clinical examination. This obviates the need for unnecessary excision of benign skin tumours and early detection of malignant tumours.

Other added advantages of dermoscopy are:

- It is easy to use and is less time consuming.
- It is an office procedure that facilitates quick interpretation of skin lesions.
- Helps the observer to focus on the lesion and to isolate the suspicious foci within larger lesions.
- Precisely defines the border of some lesions for better pre-surgical margin mapping.
- Can be used for post-treatment follow-up as well as periodic monitoring of any changes in tumours.
- Provides facility for storage of images for future analysis and comparison.

This diagnostic aid must be used in conjunction with thorough clinical history and examination of skin lesions. Clinical examination with dermoscopy, depending on the type of skin lesion and the clinician's experience, can improve diagnostic accuracy by 5% to 30% as compared to clinical visual inspection alone¹³

Principle of dermoscope:

The basic method of dermoscopic visualisation involves using lenses to enlarge skin lesions and several types of light sources to illuminate them.¹⁴ Depending on the type of skin, any light beam passing through it will usually be refracted, diffracted, reflected, or absorbed. (Figure 1).¹⁵

In dry scaly skin, the light gets reflected whereas in smooth oily skin the light reaches the deeper dermis and hence improves the visibility of the skin sub-surface. The latter principle is used in case of contact technique dermoscopy, which helps to visualize the skin lesions after the application of linkage fluids like oil (immersion oil, olive oil and mineral oil), water, an antiseptic solution, glycerin, gels¹⁶.



Figure 1: Optics of light in dermoscope

The skin lesion's surface and subsurface areas are illuminated by light from a source that is magnified by a lens. The fluid interface between the dermoscope and the skin surface improves light penetration into the lesion

Parts of dermoscope:^{11,12}

A. *Achromatic lens*: Most dermoscopes have a 10X magnification. However, a video-dermoscope can attain magnifications of up to 1000X.

B. *In-built illumination system:* Compared to traditional halogen lights, which emit yellow light, lightemitting diodes (LEDs) are the standard sources for high-intensity white light utilising 70% less energy.

C. *Power supply:* This portable equipment is battery-powered or has rechargeable handles

D. *Contact plate*: The components of the contact technique dermoscopy are large contact plates (20 mm in diameter) and small contact plates (8 mm in diameter). 2% glutaraldehyde or methylated spirit can be used to sterilise the multi-located silicone glass used in the contact plates.

The purpose can also be achieved by boiling or autoclaving for five minutes at 134⁰ C. These plates come in both graded and non-graduated varieties, some of which have scales.

E. *Display system*: Unlike the video-dermoscope, which can be connected to a computer or other displays or even have its own screen, the hand-held dermoscope has a see-through viewing window.

F. *Inbuilt photography system*: Except for the hand-held dermoscope, these now constitute a vital part of a dermoscope. The camera could be an integrated video camera, an attachable conventional or digital camera, or both. In the former situations, supporting software is implemented for capturing images, storage, retrieval, analysis.

Technique of dermoscopy

The dermoscope can be used either by contact or non-contact techniques. In contact technique dermoscopy, using the non-polarized light (NPL), the glass plate or contact plate is applied to the surface of the lesion with an interface fluid. In non-contact technique, using the polarized light (PL) there is no contact with the skin surface, which gives an added advantage of avoiding nosocomial infections¹⁸

While NPL provides greater imaging of tissues that are more superficial, polarized light provides better visualization of those that are placed deeper in the skin.

Given that the dermoscope makes it easier to see skin in a horizontal orientation, blood vessels that run parallel to the skin's surface are shown as lines, and those that run perpendicular to the skin's surface are shown as dots or loops. The non-contact approach does not squeeze the vascular architecture, making vessels easier to visualize²⁰

IMMERSION FLUID

The literature provides reports on the use of several immersion liquids. Water-based gels, oils, disinfection solutions, and water comprise the four categories of immersion liquids.^{11,21}

The characteristics of an optimal immersion liquid are:

- Obtainable with ease
- Allows the structural parameters of the lesion to be well seen
- Remaining color-neutral, inexpensive
- Fewer air bubbles and less volatility

- Suitable for use in specific areas such as the mucosa, around the eyes
- Not producing an overly bright or matte images
- Immersion oil is a better choice for an immersion fluid in visualizing the pigment network. Ultrasound gel or immersion oil can be employed for structural elements other than pigment networks. Ultrasound gel is a preferable option to immersion oil for dermoscopic inspection of non-pigmented skin lesions. In inflammatory dermatoses, alcohol is more beneficial and may slow the spread of infections. Ultrasound gel can be used for dermoscopy of solid curving areas, particularly at the edge of the nail plate.²³ It is also appropriate for assessing the mucosa, nail bed, genitalia, and eyelids.

Limitations of dermoscopy:^{24,25}

Since, dermoscopy is a non-invasive procedure, there are very few potential side effects. The sole drawback is the extremely slim chance of patient-to-patient cross-infection, particularly when using contact dermoscopy. There are numerous ways to avoid the chance of cross-infection:

- 1. Application of non-contact polarised dermoscopy
- 2. After each patient examination, use isopropyl alcohol to disinfect the USB video-dermatoscope's rim or lens

Usage of disposable transparent lens shielding material, such as cling film or soft plastic covers over the instrument; these caps are now included free of charge with most high-quality dermatoscopes and can be used with USB and handheld video dermatoscopes.

Minor issues worth consideration²⁴

- Dermoscopy artefacts that could be interpreted incorrectly should be avoided. Vermillion powder, colored powders, dust particles, hair dye, henna, hair fibers, minoxidil crystals, hair styling gel, etc. are common artifacts in trichoscopy; in onychoscopy, common artifacts include nail paint and varnish, as well as topical applications, especially sunscreen and makeup ingredients. Hence thorough prior cleaaning of the area is advised.
- 2. Colour disparity amongst devices: Images obtained with various dermatoscopes typically have a slightly different colour balance. That is something to be mindful of.
- Differences between Fitzpatrick skin types: It is now clear that many characteristics that are easy to
 recognize in Fitzpatrick skin types I–II are either invisible or hard to spot in darker skin types. The colors
 (black, brown, grey, and blue) that originate at the histology level are hard to perceive and comprehend on

people with dark skin. Given that ethnic skin conditions frequently exhibit post-inflammatory hyperpigmentation, brown pigmented structures on dermoscopy should be interpreted with caution.

4. Absence of "dermoscopic nomograms": To be an expert in histopathology interpretation, one needs to be well-versed in normal histology, accounting for expected physiological differences resulting from age, gender, and specific body parts. For instance, many vessels are visible in the buccal mucosa's normal mucoscopic images; this is not to be mistaken for a malignant characteristic. To reduce errors in the interpretation of dermoscopic structures, an image library including such site-specific and skin type-specific dermoscopic monograms is desperately needed.

MAJOR CATEGORIES OF DERMOSCOPIC CRITERION:

Dermoscopically, each disease can be identified based on one or two distinguishing features. A "predominant" criteria is a structure that is more noticeable than other coexisting structures in the larger section of a lesion. When performing a dermoscopy, the following are the most important variables to consider: Color: It is the melanin in the skin, whether inside the melanocytes, nevic cells, or keratinocytes that determines the color in dermoscopy (Figure 2)¹⁵ The other important chromophore is the hemoglobin²⁶



Figure 2. Colors in dermoscopy: different contrasts of the colors imparted by the three essential chromophores of the skin namely keratin, melanin and hemoglobin²⁷

Dermoscopic structures:

The appearance of melanin as clusters within different cells, in isolation, or concentrated around the edge of the lesion also helps to identify certain "structures." Similarly, haemoglobin distribution within the lesion dictates the vascularization patterns and structures (Table 1).^{10,}

Table 1: Few dermoscopic structures and their histopathological correlation

Pigment network	- Honeycomb like network consisting of pigmented lines (rete ridges) and hypopigmented holes (dermal papillae).
Dots	 Small round structures < 0.1mm in diameter Represents focal melanin accumulation in the upper part of the epidermis.

Globules	 Symmetrical round to oval well-demarcated structures > 0.1mm in diameter. Represent melanocytes, clumps of melanin and/or melanophages situated in lower epidermis, dermo-epidermal junction, or in the papillary dermis.
Branched streaks	 An altered pigment network Represents remnants of pigmented rete ridges and bridging nests of melanocytic cells within epidermis and papillary dermis.
Radial streaming	 Fringe type structure at periphery of lesion. Representing confluent pigmented junctional nests of pigmented melanocytes.
Pseudopods	 Finger-like projections of dark pigment at periphery of lesion. They may have knobs at their tips. Correspond to intra-epidermal or junctional confluent radial nests of melanocytes.

- Term used interchangeably with radial	
streaming or pseudopods.	
- Can be irregular or regular.	
- Amorphous or homogenous areas devoid of any	
dermoscopic structures.	
- Usually hypopigmented.	
- Large collection of melanin pigment localized throughout	
epidermis and/or dermis visually obscuring the underlying	
structures.	
- White scar like depigmentation or peppering	
(speckled multiple blue-gray granules within a	
hypopigmented area).	
- Shows fibrosis.	

Blue-white veil	- Irregular, indistinct, confluent blue pigmentation with an
	overlying white, ground-glass haze.
	- Correspond to aggregation of heavily pigmented cells or
	melanin in dermis with compact orthokeratosis.
Milia like cysts	- Round white or yellowish structures that shine brightly under
	NPL.
	- Correlate with intraepidermal keratin filled cysts.
Comedo-like openings	- Blackhead like follicular keratin plugs on surface of lesion.
(crypts, pseudofollicular	- Corresponds to keratin filled invagination of epidermis.
openings)	
Fissures and ridges	- Irregular, linear keratin filled depressions.
A REAL PROPERTY AND A REAL	-
Fingerprint-like	- Tiny ridges running parallel.
structures	

No start and sta	
Moth eaten border	- Concave borders
Leaf-like	- Brown to gray-blue discrete bulbous blobs forming a leaf like
areas(maple	pattern.
leaf like	
areas)	
Stake wheel like	
Spoke wheel-like	- Well circumscribed, brown to gray-blue-brown, radial
structures	projections that meet at darker brown central hub.

Blue-gray ovoid nests	- Large, well circumscribed, confluent or near confluent	
	pigmented ovoid areas, larger than globules.	
Multiple blue-gray globules	- Round, well circumscribed structures.	
inanipie orac gray grooties		
Chrysalis	- White shiny streaks due to increased dermal collagen.	
- 2 h		
Ulceration	- Absence of epidermis, not associated with a history of	
	trauma seen as large, irregular shaped, dull red or red-brown	
(structureless areas.	
1 h		

VESSEL PATTERNS:

Table 2: Vessel morphologies

VASCULAR	DESCRIPTION	DIAGRAM
MORPHOLOGY		
Arborizing vessels or	Large primary vessels that	
telangiectasias	divide into smaller	NEIL
	secondary vessels	<u>y</u>
Hairpin vessels	Vessels that curve back on	
	themselves ,forming loops.	e_{v}^{n}

Crown vessels	Peripheral vessels that rarely branch and do not cross the centre of the lesion.	
Comma	Thick linear curved lines with few branches and occasionally having one end thicker than the other.	
Dotted	Small red dots closely aligned to each other in a highly regular pattern.	
Glomerular	Tortuous capillaries often clustered together resembling the glomerular apparatus of the kidney	

Corkscrew	Spiral vessels with irregular linear pattern.	and the second
Milky-red areas/globules	Unfocused milky-red colour usually typically associated with elevated part of lesion	
Strawberry pattern	Structureless erythematous areas with whitish areas in between creating a type of pseudo network	
Linear irregular	Straight vessels that differs in shape and size	
Polymorphous	Various vascular patterns within the same lesion.	

Table 3: Vessel distributions

VESSEL PATTERN	DESCRIPTION	DIAGRAM
Regular	Vessels distributed equally	
	all over the lesion	

String of pearls	Dotted vessels arranged linearly in a a string of pearl pattern.	
Clustered	to cluster together in a lesional area	
Radial	Vessels located at periphery of lesion which does not cross or occupy the centre.	
Branching	Large vessels branching into smaller ones.	A C
Irregular	Vascular polymorphism lacking a specific pattern	1601
Rope-ladder pattern	Short slightly dilated loops that arise from edges of scar and cross it completely.	JEAR!

VARIOUS LIP LESIONS

Lips are the site of clinical and pathological changes related to a wide spectrum of etiologies. This anatomical site can host up to 25.7% of oral lesions, 12% of the head and neck cancers. Lip lesions can act as an indicator of the presence of underlying systemic disease.¹

The prevalence of lip lesions in Indian population is 18.8%.²

An important fact that must be taken into consideration when diagnosing lip lesions is the knowledge of their relative occurrence frequency.

Category	Sub-category	Conditions
Non-neoplastic	Inflammatory	Lichen planus
		Contact cheilitis
		DLE
		Angular cheilitis
		FDE
		Granulomatous cheilitis
		LE
		Inflammatory edema
		Pemphigus vulgaris
		SJS
		Traumatic
	Infectious	Herpes labialis
		Impetigo
		Wart
	Pigmentary	Vitiligo
		Labial melanosis
Neoplastic	Benign	Pyogenic granuloma
		CMN
		Labial melanotic macule
	Pre-malignant	Actinic cheilitis
		Benign squamous papilloma
	Malignant	SCC
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DERMOSCOPIC FINDINGS OF COMMON LIP LESIONS ::

The dermoscopic diagnosis of a lip lesions is based on a stepwise algorithm that considers vascular morphology, the architectural pattern of blood vessels and presence of additional dermoscopic features.

In the following section, clinical and dermoscopic features of various common lip lesions have been discussed.

ACTINIC CHEILITIS

Actinic cheilitis is an oral potentially malignant disorder(by the WHO 2020 Collaborating Centre for Oral Cancer Workshop) caused by UV radiation leading to damage to epithelial keratinocytes of the lips. It predominantly affects the vermillion border of the lower lip. It was first described in 1923 as solar-induced chronic inflammatory disorder of the lips Premalignant lip keratosis caused by chronic sun exposure (ultraviolet radiation) Causes - Hot, dry climates, outdoor occupations (sailing, agriculture, construction, beachrelated work, etc.), and light-skinned individuals (skin phototype I) or those genetically more susceptible to solar damage, smoking, lip irritation, poor oral hygiene.²⁸



Figure 3: Effect of UVB light on the keratinocyte cell cycle adapted from Wood et al.²⁹

Older or middle-aged males(4th to 8th decade).

Commonly seen on the lower lip with a whitish discoloration and painless thickening along the edges; over time, the sharp border of the lip becomes less clear.

Dry, atrophic, erythematous, scaly, and indurated lip lesion appears, usually solitary, although multiple lesions can also be seen.

Potentially malignant disorder, and can progress to severe dysplasia or squamous cell carcinoma.³⁰

Dermoscopy of actinic cheilitis shows white-red background, ulceration, blood spots, white lines , white structureless areas, white scales, vascular polymorphism³¹

HERPES LABIALIS

Herpes labialis is a mild, self-limiting infection with herpes simplex virus type 1 (HSV-1) causing pain, redness, blistering over the lips and perioral region. Fever and other constitutional symptoms are rare.

Various factors including exposure to bright sunlight, fatigue, psychological stress, fever, menstruation, or trauma to the area of primary infection can precipitate a recurrence.

In most people, herpes labialis is a mild, self-limiting illness. Recurrences are usually lasting shorter and less severe than the initial attack. Healing is usually complete in 7 to 10 days without scarring. Herpes labialis can cause serious illness in immunocompromised people.¹ The majority of the primary infections result from direct exposure to bodily fluids such as saliva or exudates of progressive lesions, and proximate contact with lesions of infected individuals. In addition, the transmission of the virus can also occur via kissing or sharing of towels/utensils.²

Dermoscopy of herpes labialis in evolving stage shows round or polylobular cloudy white structures corresponding to spongiotic changes, with white lines surrounded by pink halo. Also shows greyish globular structures with brown dots corresponding to necrotic pigmented epithelium over regenerating non pigmented structures.

Late and healing stage shows yellow-brown areas with red dots and minimal scales.³⁴

LICHEN PLANUS

Lichen planus (Greek leichen, "tree moss"; Latin planus, "flat") is a common inflammatory condition that can affect any ectodermal-derived tissue.

It is an idiopathic T cell-mediated process without a clear autoantigen.

The worldwide prevalence of lichen planus is approximately 1%.

The lesions of lichen planus are well-marginated, dull red-violet, flat-topped, polygonal papules. The papules are grouped and often coalesce into plaques.

Wickham striae are highly characteristic in lichen planus and are more easily visualized with dermoscopy.

The distribution is symmetrical and grouped lesions affect the flexural aspects of the arms and legs.

Variants are based on configuration, morphology of lesion, and site of involvement³⁵ Dermoscopy features- Pearly white streaks (wickham striae) arranged in

- Linear,
- Leaf-venation,
- Globular,
- Reticular,
- Annular,
- Star-burst,
- Radial,

Pink or violaceous background Scattered brown dots/globules Dotted and linear vessels(typically running from centre towards periphery) Yellow areas White scales³⁶

LABIAL MELANOTIC MACULE

Labial melanotic macules (LMMs) are benign pigmented lesions that usually take the shape of flat asymmetrical macules with tan-brown to black color and variable size. ³⁷

These are commonly encountered in daily practice.

LMMs are asymptomatic, discrete, tan-brown to black lesions, which are usually less than 1 cm in maximum dimension.³⁸

Dermoscopic features³⁹

- Background brown pigmentation
- Parallel lines
- Circle lines
- Overlapping vessels
- Structureless black pigmentation

Landscape painting patterns : characterized by (1)+(2)+(3)

1)Background brown pigmentation

2)Parallel lines or circle lines

3)Overlapping vessels

SQUAMOUS CELL CARCINOMA

Squamous cell carcinoma (SCC) is the second most common skin cancer, after basal cell carcinoma, in immunocompetent white individuals, and the most common skin cancer in immunosuppressed organ transplantation recipients worldwide.

SCC development in the skin is considered a multistep process, most invasive SCCs develop from preinvasive lesions or in situ tumors such as actinic keratosis or Bowen disease.

Risk factors for SCC include ultraviolet (UV) radiation, genetic predisposition, physical and chemical carcinogens, immunosuppression, drugs, viral infection, chronic inflammation, and chronic injury of the skin.

SCC of the lip occurs on the lower lip more often than on the upper lip, because the lower lip, along with the nose and cheeks, is regarded as one of the typical "sun terraces."80 Because SCCs on the lip and ear show higher rates of metastasis, tumors at these locations require special attention⁴⁰

Dermoscopic features shows⁴¹

- White circles
- White clods
- White lines and white structureless areas
- Polymorphic vessels
- Hemorrhagic spots

Lip lesion	Clinical feature	Dermoscopic feature	
Contact cheilitis	Inflammatory lip reaction caused by the irritating or allergic effects of various substances Manifeststing as dryness, scaling, erythema or fissuring.	White scalesYellow crustsFissuring	
DLE	Scaly discoid erythematous plaques with areas of scarring	 Follicular plugs Perifollicular white halo White rosettes Telangiectatic vessels 	
Angular cheilitis	Typically manifests at the corners of the mouth/lips commonly seen with vitamin(B complex), mineral deficiencies(Zinc, Iron), drooling,	 White red background Fissuring White scales 	

 Table 5 : Clinical presentation and dermoscopic features of few other lip lesions 42

FDE	poor fitting dentures, candida albicans. erythematous single or multiple plaques with/without hyperpigmented center that leaves a gray-black postinflammatory pigmentation	ErythemaPurpuric dotsBlack dots
Granulomatous	Chronic inflammatory swelling of	• Yellow orange areas
cheilitis	the lips	• Telangiectatic vessels
LE	Malar rash Erythematous scaly plaques	 Perifollicular white halo White scales Follicular plugs White structureless areas Telangiectatic vessels
Inflammatory edema	Transient swelling with ocassional itching and pain	Pinkish backgroundRed dotsShort linear vessels
SJS	Erosin and hemorrhagic crusts	 Pink background Purpuric dots Black dots/necrotic areas Erosion Hemorrhagic crusts
Impetigo	Self limiting infectious condition Honey colored crusts	•

Wart	Well-defined hyperkeratotic	• Dotted vessels with
	papules/plaques with verrucous	white
	surface	halo(Frogspawn
		appearance)
		• Black dots
Pyogenic granuloma	Solitary smooth red papule or polyp	Red homogeneous
	that grows quickly over the course	area
	of time, stabilises.	• White collarette
	Friable, ulcerates frequently, bleeds	• Multiple white rail
	profusely with minor trauma	lines
		• Various vascular
		structures
		• Ulceration
		• Hemorrhagic crusts
CMN	Dark smooth surface papule	Reticuloglobular
	Present since birth	pattern
		Homogeneous blue
		areas

METHODOLOGY

SOURCE OF DATA

Patients presented to Shri B.M. Patil Medical College Hospital and Research Centre, VIJAYAPURA.

Period of study: The study was conducted during the period of September 2022 to May 2024

Study design: A hospital based, prospective cross-sectional study.

Sample size :

With anticipated prevalence of lip lesions in Indian patients 18.8 (ref), the study would require a sample size of 70 subjects with 97% level of confidence and 10% absolute precision, using Statulator software (http://statulator.com/SampleSize/ss1P.html)

Statistical Analysis:

• The data obtained will be entered in Microsoft Excel sheet, and statistical analysis will be

performed using statistical package for the social sciences (Verson 20).

• Results will be presented as Mean ±SD, Median and interquartile range, frequency, percentages and diagrams.

METHOD OF COLLECTION OF DATA:

Inclusion criteria:

Patients presenting with lip lesions of any type ,irrespective of age, and gender will be enrolled for study after informed consent .

Exclusion criteria:

- Patients not willing to enroll for the study.
- Patients with inflammatory lip disorders who are on treatment or have received any form of treatment (topical and/or systemic) within the past four weeks.

Methods:

In this study, informed consent will be taken from all the patients with lip lesions.

These patients well be subjected to detailed clinical and dermoscopic examination.

In this study, a hand-held dermoscope (Dermalite DL3TM, 3Gen Inc., San Juan Capistrano,

CA, USA) will be used. Lesions will studied using both PL and NPL.

Dermoscopic observations will be recorded . A 4mm punch biopsy will be done if necessary.

Methodology:

Informed consent for the study will be undertaken from the patients. All subjects will undertake a complete clinical and dermoscopic examination.

All the patients will be subjected to a detailed clinical assessment in which history regarding onset, and duration of symptomatology of the disease will be recorded. Patients are examined for any change in the surface texture, color, or size of the lip, or with any specific lip lesions. The findings will be recorded.

For dermoscopy , a handheld dermoscope (Dermalite $DL3^{TM}$, 3Gen Inc., San Juan Capistrano, CA, USA) will be used. The technique employed will be polarized dermoscopy with interface fluid. Dermoscopic images will be recorded using a digital camera attached to the dermoscopy. Dermoscopic observations will be recorded as per the descriptive analytical terminologies for pattern analysis.

The data compiled will be categorized Patients were subjected to detailed clinical and dermoscopic examination and categorized into neoplastic and non-neoplastic groups. Non-neoplastic were further sub-categorized into inflammatory, infections, pigmentary lesions.

Biopsy was done if necessary.

Data was compiled and statistically analysed.

ETHICAL CLEARANCE:

Institutional ethical commitee clearance was undertaken for the study

RESULTS

A hospital based cross-sectional study was conducted from September 2022 to May 2024

Among 37589 patients attending dermatology OPD at Shri BM Patil medical college during this period, 150 patients presented with various lip lesions ; with a prevalence of 0.40

Table 6: Prevalence of Lip lesion				
Prevalence	Total cases	Lip lesions (n)	%	
	37589	150	0.40%	

TABLE 7 : DISTRIBUTION OF CASES

Based on clinical and dermoscopic examination, distribution of cases was as follows:

Lip lesions	No. of patients	Percentage
Lichen planus	45	30%
Contact cheilitis	18	13%
DLE	09	6%
Angular cheilitis	07	4.6%
FDE	03	2%
Granulomatous cheilitis	03	2%
LE	01	0.67%
Inflammatory edema	01	0.67%
Pemphigus vulgaris	04	2.6%
SJS	01	0.67%
Traumatic	02	1.33%
Herpes labialis	12	8%
Impetigo	02	1.33%
Wart	01	0.67%
Vitiligo	09	6%
Labial melanosis	04	2.67%
Pyogenic granuloma	04	2.67%
CMN	01	0.67%
Labial melanotic macule	06	4%
Actinic cheilitis	14	9.33%
Benign squamous papilloma	01	0.67%
SCC	02	1.33%
Total	150	





AGE DISTRIBUTION OF THE LESIONS

Population in the age group between 11- 20 years constituted the majority of the study population with a maximum of 23 (19.83%) patients followed by 20 (17.24%) in the age group 21-30 years.

A	F	0/
Age group	Frequency	%
<= 10 Years	3	2%
11-20 Years	20	13.33%
21-30 Years	26	17.33%
31-40 Years	36	24%
41-50 Years	23	15.33%
51-60 Years	23	15.33%
61-70 Years	15	10%
71- 80 Years	4	2.67%
Total	150	100%

Table 8 : Frequency age distribution of Participants



Figure 5: Age wise distribution of the participants

GENDER DISTRIBUTION

The study found a slightly higher prevalence of lip lesions in females compared to males:

- Females accounted for 54.30% (82 cases) of the patients.
- Males accounted for 45.03% (68 cases) of the patients.

Table: 9 Gender wise distribution of Participants				
Sex Frequency %				
Females	82	54.66%		
Male	68	45.33%		
Total	150	100		



Figure 6: Gender wise distribution of participants

Table: 10 Mean age of participants according to gender				
		n	Mean	Std.
Age				Deviation
	Females	82	40.72	16.26
	Male	68	39.79	18.3

Figure:7 Mean age of participants according to gender



This table compares the mean age of female and male participants:

- Females: Mean age of 40.72 years with a standard deviation of 16.26 years.
- Males: Mean age of 39.79 years with a standard deviation of 18.3 years.

LESIONS CATEGORY DISTRIBUTION:

Table: 11 Types of Lesions					
TypesSubtypes-lesionsn					
	Benign Lesions	8	5.50%		
Neoplastic	Pre-malignant	15	10 50%		
Neoplastic	Lesions		10.30%		
	Malignant	2	1.40%		
	Infectious	15	10.50%		
Non-Neoplastic	Inflammatory	90	62 00%		
Non-Neoplastie	Lesions	20	02.0070		
	Pigmentary	13	9.00%		
	Total	143	100.00%		



Figure 8: Graphical representation of distribution of cases based on tumor catergory

Figure: 9 Graphical representation of types of Lesions



Types of Lesions

This table categorizes the lip lesions into neoplastic and non-neoplastic types:

Neoplastic lesions:

• Benign lesions: 5.50% (8 cases)

- Pre-malignant lesions: 10.50% (15 cases)
- Malignant lesions: 1.40% (2 cases)

Non-neoplastic lesions:

- Infectious lesions: 10.50% (15 cases)
- Inflammatory lesions: 62.00% (90 cases)
- Pigmentary lesions: 9.00% (13 cases)

The majority of lip lesions were non-neoplastic, with inflammatory lesions being the most common type overall. Among neoplastic lesions, pre-malignant lesions were the most frequent.

SUB-CLASSIFICATI	ON OF LIP LESIONS
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Table: 12 Lip Lesions categories and Sub categories				
Category	Sub-category	Conditions	No.	%
		Pyogenic granuloma	4	2.67%
	Benign Lesions	CMN	1	0.67%
	(11)	Labial melanotic macule	6	4%
Neoplastic (20)		Actinic cheilitis	14	9.33%
	Premalignant	Benign		
	Lesions (15)	Squamous	1	0.67%
		papilloma		
	Malignant (2)	SCC	2	1.33%
		Lichen planus	45	30%
		Contact cheilitis	18	13%
Non-	Inflammatory Lesions (94)	DLE	9	6%
Neoplastic (122)		Angular cheilitis	7	4.6%
		FDE	3	2%
		Granulomatous cheilitis	3	2%

	LE	1	0.67%
	Inflammatory edema	1	0.67%
	Pemphigus	4	2.6%
	SJS	1	0.67%
	Traumatic lip injury	2	1.33%
Infactions	Herpes labialis	12	8%
Lesions (15)	Bullous impetigo	2	1.33%
	Filiform wart	1	0.67%
Pigmentary	Vitiligo	9	6%
Lesions (13)	Labial melanosis	4	2.67%

Following are the findings among the most commonly encountered lip lesions:

DISTRIBUTION OF CASES OF ACTINIC CHEILITIS AND THEIR DERMOSCOPIC FEATURES:

A total of 14 cases were diagnosed clinically and dermoscopically as actinic cheilitis. There as a significant female preponderance (M=6, F=8). Most of the patients were in the age group of 36-55 years followed by 0-35 years.

All the cases had white red background(n=14). Polymorphic vessel morphology was the most common(n=7). Other vessel patterns were less common. Yellow scales(n=7) were slightly more common than white scales. White structureless areas(n=7) were present in over half of the cases. Ulceration(n=14) was observed in all the cases making this a consistent and potentially crucial diagnostic feature for actinic cheilitis.

	No. of cases (14)	% (out of total 14 cases)
Sex		
Male	6	42.9%
Female	8	57.2%
Age (Yrs)		
0-35	3	21.4%
36-55	8	57.1%
56-65	2	14.2%
≤66	1	7.1%

Table 13: Demographic details of patients with actinic cheilitis



Figure:10 Gender wise distribution of cases of actinic cheilitis



Figure 11 : Graphical representation of age wise distribution of Actinic Chelitis Patients

TABLE 14: DERMOSCOPIC FEATURES OF ACTINIC CHEILITIS

Scales color			
Absent	2	14.3%	
White	5	35.7 %	
Yellow	7	50.0 %	
Background Colour			
White-red	14	100%	
Vessel Type			
Absent	0	0	
Linear vessels	2	14.3%	
Dotted vessels	4	28.6%	
Hairpin vessels	2	14.3%	
Polymorphic vessels	7	50%	
Vessel Distribution			
Absent	0	0	
Diffuse	5	35.7%	
Periphery	5	35.7%	
Clustered	4	28.6%	

Other Features			
Keratin halo	1	7.1%	
White structureless areas	5	35.7%	
White lines	0	0	
White globules	0	0	
Ulceration	14	100%	

LICHEN PLANUS

Out of 150 patients with lip lesions, 45 patients had lichen planus. Majority of the patients were females(n=26) and patients of age group 36-55 years(n=17) were slightly more prevalent than patients of age 0-35 years (n=15).

The violaceous (purplish) background(n=32) was by far the most common, which is a characteristic feature of lichen planus. Red background(n=11) was the second most common. Peripheral distribution(22) of vessels was the most common pattern, seen in over half of the cases with visible vessels.

Dotted vessels(n=35) were the most common morphology, either alone or in combination with other patterns. This is consistent with the typical appearance of lichen planus under dermoscopy.

White scales(n=36) were overwhelmingly the most common type observed, which is typical for lichen planus.

Brown globular pigmentation(n=16) was the most common, but violaceous (purplish) features(n=16) were also frequently observed, consistent with the overall pigmentary change in lichen planus lesions.

Wickham striae, a hallmark of lichen planus, were present in 95.5% of cases.

All patterns of wickham striae were encountered, of which radial pattern(n=14) was most common followed by linear wickham striae(n=12).

	No. of cases (45)	% (out of total 45 cases)
Sex		
Female	26	57.78%
Male	19	42.22%
Age (Yrs)		

Table 15: Demographic details of patients with Lichen planus

0-35	15	33.33%
36-55	17	37.78%
56-65	6	13.33%
≤66	7	15.56%



Figure 12: Graphical representation of Gender wise distribution of Lichen Planus Patients



Figure 13 : Age wise distribution of Lichen planus Patients



Figure 14: Graphical representation of wickham striae in lichen planus



Figure 15: Graphical representation of different types of wickham striae

TABLE 16: DERMOSCOPIC FEATURES OF LICHEN PLANUS

	No. of cases (45)	% (out of total 150 cases)
Background		
Pink	1	2.2%
Red	11	24.4%
Violaceous	32	7171%
White-red	1	2.2%
Vessel distribution		
Diffuse	5	13.9%
Peripheral	22	61.1%
Clustered	9	25%
Vessel morphology		
Dotted	35	77.7%
Globular	5	11.1%
Linear branching	7	15.5%
Scales color		
White	36	80%
Yellow	7	15.5%
Brown	1	2.2%
Pigmentary features		
Brown dots/globules	16	35.5%
Violaceous dots/globules	16	35.5%
Black dots/globules	0	0
Wickham striae		
Linear	12	26.6%
Leaf-like	5	11.1%
Radial	14	31.1%
Starburst	5	11.1%
Reticular	6	13.3%
Globular	8	17.7%
Other features		

Rosettes	3	6.6%
White circles	2	4.4%

HERPES LABIALIS

Out of 150 patients with various lip lesions, 12 patients had herpes labialis.

Herpes labialis showed a bimodal age distribution and was more common in females(n=8).

Most common in 31-40 years and 61-70 years (n=3 each)

Least common in 21-30 years and 51-60 years (n=1 each)

Most common background color was pink, seen in all the cases(n=12).

Only dotted vessels were observed (n=12)

White scales were most commonly observed (n=8)

Grey globules with brown dots were specific clues seen in majority of cases(n=10)

Grey globules with brown dots surrounded by pink halo was second most common finding(n=4)

Table:17 Demographic details of Herpes labialis			
Demographic details	Levels	n (12)	%
	11-20 Years	2	16.7 %
Age	21-30 Years	1	8.3 %
	31-40 Years	3	25.0 %
	41-50 years	2	16.7 %
	51-60 Years	1	8.3 %
	61- 70 Years	3	25.0 %
Sex	Females	8	66.7 %
	Male	4	33.3 %



Figure 16: Age wise distribution of Herpes labialis



Figure 17: Gender wise distribution of Herpes labialis TABLE 18: DERMOSCOPIC FEATURES OF HERPES LABIALIS

	No. of cases (12)	% (out of total 150 cases)
Background		
Pink-red	12	100%
Vessel morphology		
Dotted	1	8.33%
Scales		
White	8	66.6%
Yellow	2	16.6%
Specific clues		
Polylobular cloudy white	1	8.3%
structures		

White lines	0	0
Pink halo	4	33.3%
Grey globules with brown	10	83.3%
dots		
Yellow brown areas	2	16.6%

LABIAL MELANOTIC MACULE

Labial melanotic macule was seen in 6 cases out of 150 patients with lip lesions. It was exclusively observed in females(n=6), with a higher prevalence in younger age group of 21-40 years(n=3).

Dermoscopy features suggest that The background color of the lesions was evenly split between two categories, light brown and dark brown.

Overlapping vessels were seen in half of the cases.

Parallel lines were the most common pigmentary feature, seen in half of the cases followed by Circle lines.

This is particularly noteworthy as it suggests that the landscape pattern was specific dermoscopic feature observed in 66.6% of the cases(n=4)

Table:19 Demographic Details of cases of Labial melanotic macule			
Demographic Details	Levels	n (6)	%
	1-20 Years	2	33.3 %
Age	21-40 years	3	50.0 %
	40-60 Years	1	16.7 %
Sex	Females	6	100.0 %



Figure 18: Age wise distribution of cases of Labial melanotic macule



Figure 19: Gender wise distribution of cases of Labial melanotic macule

TABLE 20: DERMOSCOPIC FINDINGS IN LABIAL MELANOTIC MACULE

	No. of cases (6)	% (out of total cases)			
Background Colour					
Light brown	3	50%			
Dark Brown	3	50%			
Vessels					
Absent	3	50%			
Overlapping vessels	3	50%			
Pigmentary Features					
Parallel lines	3	50%			
Circle lines	2	33.3%			
Irregular network	0	0			
Irregular dots and globules	1	11.1%			
Blue-white veil	0	0			
Specific clue					
Landscape painting pattern	4	66.6%			

SQUAMOUS CELL CARCINOMA

Distribution of cases of SCC and their dermoscopic features:

Among 150 cases with various lip lesions, 2 patients has SCC.

Both the patients were male in the age group of 36-55 years age group.

Scales were absent in all cases (n=2). The background colour of the lesions was pink (n=5.

Vessel types varied with linear vessels (n=1), dotted vessels (n=2), arborizing vessels (n=1), glomerular vessels (n=1), and polymorphic vessels (n=1).

Vessel distribution was mainly diffuse (n=2)

Key dermoscopic features included white structureless areas (n=2), white lines (n=1), white circles (n=1), red clods (n=1), and red homogenous areas (each n=1).

Table 21: Demographic details of Squamous cell carcinoma				
Demographic details n (2)		Counts	% of Total	
Age	36-55 Years	2	100.0 %	
Sex	Sex Male		100.0 %	



Figure 20 : Demographic details of Squamous cell carcinoma

	No. of cases (2)	% (out of total cases)			
Scale color					
Absent	2	100%			
Present	0	0			
Background Colour	I	L			
Pink	2	100%			
Red	0	0			
Vessel Type	1	1			
Absent					
Linear vessels	1	50%			
Dotted vessels	2	100%			
Arborizing vessels	1	50%			
Glomerular vessels	1	50%			
Hairpin vessels	0	0			
Polymorphic vessels	1	50%			
Vessel Distribution	I	L			
Diffuse	2	100%			
Other Features	I	L			
White circles	1	50%			
White structureless areas	2	100%			
White lines	1	50%			
Yellow structureless areas	0	0			
Red clods	1	50%			
Red homogenous areas	1	50%			

TABLE 22: DERMOSCOPIC FINDINGS IN SCC

TABLE 23: DERMOSCOPIC FEATURES OF FEW OTHER LIP LESIONS

Lip lesion	Preval	M/c	M/c vessel	M/c scales	Other
	ence	background	morphology	colour and	
		colour		distribution	
Contact cheilitis	N-19	Brown	Absent	White	Brown dots and
	1N-10 (120/)				globules
	(15%)				Yellow crusts
DLE		Red	Linear	White	Rosettes
	N=9		branching		White
	(6%)				structureless areas
					Dilated follicle
Angular	N=7	Pink	Absent	White	Fissures
cheilitis	(4.6%				
)				
FDE	N_2	Red	Absent	Absent	Erosions
	N=3				Blue-grey
	(2%)				globules
Granulomatous		Dull red	Dotted	White	Yellow-orange
cheilitis	N=3				areas
	(2%)				White reticular
					lines
LE	N=1	Red	Telangiecta	White	White
	(0.67		sia		structureless areas
	%)				
Inflammatory	N=1	Red	Short	Absent	
edema	(0.67		Linear		
	%)		vessels		
SJS	N=1	Red	Dotted	Absent	Purpuric dots
	(0.67				Black dots
	%)				erosions
Wart	N=1	Yellow	Red dots		Black dots
	(0.67				Frogspawn

	%)				appearance
Vitiligo		Pink	Absent	Absent	Diffuse white
	NO				glow
	N=9				Perilesional
	(6%)				hyperpigmentatio
					n
Labial	N=4	Brown	Absent	Absent	
melanosis	(2.67				
	%)				
Pyogenic	N=4	Red	Telangiecta	Absent	White collarette
granuloma	(2.67		sia		White rails
	%)				
CMN	N=1	Blue-grey	Absent	Absent	
	(0.67				
	%)				

IMAGES OF DERMOSCOPY FEATURES OF FEW LIP LESIONS FROM THE STUDY:



Figure 21: Dermoscopy of lichen planus. Black circle showing white scales, white arrow showing red background, blue arrow showing leaf venation wickham striae.



Figure 22 a , b , c . Dermoscopy of lichen planus showing leaf venation pattern, reticular pattern, radial pattern of wickham striae.



Figure 23: Dermoscopy of pyogenic granuloma showing red homogenous area, white collarette, white rail lines, hemorrhagic crusts.



Figure 24: Dermoscopy of filiform wart showing black dots, Frogspawn appearance(Dotted vessels with white halo)



Figure 25: Dermoscopy of contact cheilitis showing white scales, yellow crusts.



Figure 26: Dermoscopy of DLE showing follicular plugs, perifollicular white halo, multiple rosettes.


Figure 27: Dermoscopy of granulomatous cheilitis showing yellow orange areas(white circles) and telangiectatic vessels.



Figure 28: Dermoscopy of CMN showing homogenous blue areas and reticuloglobular pattern.



Figure 29: Dermoscopy of labial melanotic macule showing brown background , parallel lines, circle lines.



Figure 30: Dermoscopy of herpes labialis showing polylobular cloudy white structures(red circle) surrounded by pink halo(black circle) Grey globular structures with brown dots(blue circle) Yellow crusts(black star)



Figure 31: Dermoscopy of vitiligo showing Diffuse white glow Perilesional hyperpigmentation



Figure 32: Dermoscopy of Actinic cheilitis showing pink background, white scales, white structureless areas, valcular polymorphism, ulceration.

DISCUSSION

Dermoscopy is a skin surface microscopy technique that rapidly grew during the past years enhancing the non-invasive dermatological diagnostic techniques effectively; although histopathology remains the gold standard. Lips may be the site of clinical and pathological changes related to a wide spectrum of etiologies. This anatomical site can host up to 25.7% of oral lesions, 12% of the head and neck cancers. Lip lesions can act as an indicator of the presence of underlying systemic disease.²

The prevalence of lip lesions in the Indian population is 18.8%.⁵

An important fact that must be taken into consideration when diagnosing lip lesions is the knowledge of their relative occurrence frequency.

Few studies have been done to estimate the prevalence of lip lesions. The present study aims to highlight the diversity of lip lesions and determine their prevalence in North Karnataka.² The most prevalent lip lesions are discussed below in detail.

LICHEN PLANUS

Lichen planus is the most common inflammatory lip lesion studied.

There are various clinical and dermoscopic features are described earlier.

In the present study patients presented with erythematous-violaceous patches over the lips seen predominantly in females of age group 36-55 years.

On dermoscopy, red background, white scales were seen with many dotted vessels in peripheral distribution. Violaceous background was observed in 35% of the cases.

Wickham striae being a specific clue was seen in 97% of the patients. All patterns of wickham striae were studied of which radial pattern was most common followed by linear wickham striae. Starburst and leaf venation patterns were less common. Rosettes and white circles were additional features encountered in few patients.

On comparing the dermoscopic features of studies by neema *et al* with the present study(Table 24) it was observed that lip lichen planus was most common in males while female predominance was observed in our study. Middle age was commonly involved in both the studies.⁸

Table 24: Comparison of	f dermoscopic findings	of Lichen planus in	the present study to
that by Neema <i>et al.</i> ⁸			

Lichen planus	Neema et al	Present study
Wickham striae		
Leaf venation	16.7%	11.1%
Linear	33.3%	26.6%
Radial	75%	31.1%

Scales	100%	80%
Pigmentation		
Grey-black globules	83.3%	35.5%
Brown	16.7%	35.5%
Vascular pattern		
Linear	83.3%	15.5%
Hairpin	66.7%	0
Dotted	75%	77.7%
Background		
Erythematous	58.3%	24.4%
Violaceous	41.7%	71%
Erosion	50%	0
Bleeding spots	33.3%	0
Rosettes at lip margin	33.3%	6.6%

LABIAL MELANOTIC MACULE

LMM are the most common pigmented lip lesion encountered, presenting as dark lesion over the lip usually <1cm in maximum diameter most commonly seen in adult females.

Compared to previous study by Kim GW *et al*, in the present study, brown background was seen in all the cases, overlapping vessels seen in half of the cases.

Parallel lines, circle lines are the benign pigmentary changes seen in 80% of the patients. Malignant pigmentary features such as irregular dots and globules, blue-white veil, irregular pigment network were not seen in our study.

Landscape pattern formed by background brown pigmentation, parallel lines, circle lines, overlapping vessels is a specific dermoscopic feature seen in 66% of the patients.

Table 25 : Comparison of dermoscopic	findings	of	Labial	melanotic	macule	in	the
present study to that by Kim GW et al. ³⁹							

LMM	Kim GW et al	Present study
Brown Background	92.5%	100%
Parallel lines	77.5%	50%
Circle lines	25%	33.3%

Overlapping vessels	86.3%	50%
Structureless black	32.5%	0
Pigmentation		
Landscape painting pattern	81.3%	66.6%

SQUAMOUS CELL CARCINOMA

Squamous cell carcinoma (SCC) is the most common malignant tumor of the lip⁴³. Lip SCC accounts for 12% of all cancers of the head and neck region, and the affected site is lower lip in a majority of lip SCCs. Lip cancer also comprises approximately 25% of all oral cavity cancers⁴⁴.

In the present study, both the patients were elderly male and presented with SCC of the lower lip.

Dermoscopy showed pink background, with scales being absent, with diffuse distribution of arborising vessels, glomerular vessels, polymorphic vessels, linear and dotted vessels. Some patients showed white lines, white structureless areas, blood spots.

In a study by Benati E *et al*, included 28 cases of lip SCC, majority of cases were lower lip SCC(90%), ulceration seen in almost all the cases(90%), polymorphous pattern (68.2%), scales (100%), white streaks (>50%).⁴⁵

ACTINIC CHEILITIS

Chronic sun exposure and several environmental factors cause actinic damage and cancer of the lower lip.

Commonly presents as ulceration and crusting over the lip.

Seen in patients exposed to excess uv light.

14 patients of actinic cheilitis were evaluated in our study.

Most common age group was 36-55 years. Females were predominantly ivolved. Dermoscopy shows white-red background and ulceration was seen in all the cases. Scales were seen in 85% of the patients. Predominance of polymorphic vessels followed by dotted vessels. White structureless areas and keratin halo was seen in few patients. In a study by Cabezas JE *et al* which included 25 patients with actinic cheilitis, Dermoscopic features included a white-yellow lip color (24%). The main morphologic pattern of blood vessels was monomorphic (88%), polymorphous (60%), dotted pattern (64%), and linearirregular (32%). Radiating white structures and white structureless areas were also studied.⁴⁶

CONCLUSION

Lips are the anatomical structures that surround the orifice of the mouth. They are constantly exposed to environmental effects leading to various lesions over the lips.

Managing the lip lesions need knowledge about the prevalence, clinical and dermoscopic features of different lip lesions.

Dermoscopy is a non-invasive method for the in vivo monitoring and diagnosis of pigmented

and non-pigmented skin lesions that combines digital photography and light microscopy.

A total of 150 lip lesions were studied, with a prevalence of 0.40

Predominance of non-neoplastic lesions over neoplastic lesions was seen.

Inflammatory lesions formed majority of non-neoplastic group followed by infectious lesion.

Most common inflammatory lesion was lichen planus, infectious lesion was herpes labialis,

pigmentary lesion was vitiligo.

Among the neoplastic group, most common pre-malignant lesion studied was actinic cheilitis, benign lesion was labial melanotic macule, malignant lesion was squamous cell carcinoma. Only 24 cases required biopsy to attain final diagnosis. Hence it appears that dermoscopy improves clinical diagnosis protocol.

Further studies are needed to evaluate specificity and sensitivity of the dermoscopic features and to conclude that dermoscop could be a substitute for the invasive and time-consuming skin biopsy and histopathological examination.

SUMMARY

A hospital based cross-sectional study to determine the clinical and dermoscopic features of various lip lesions was conducted during the study period of September 2022 to may 2024. Patients presenting with various lip lesions irrespective of age and gender were subjected to detailed clinical and dermoscopic evaluation.

Clinical and dermoscopic images were recorded and patients were categorised into neoplastic and non-neoplastic groups. Biopsy was done if necessary.

Following are the salient findings of the study:

- Prevalence of lip lesions was 0.40
- The age group with highest prevalence was between 31-41years; followed by the age group 21-30 years.
- There was a slight female preponderance compared to male
- Most prevalent non-neoplastic lip lesion was lichen planus, neoplastic lesion was actinic cheilitis.
- Most common dermoscopic features seen in most prevalent lip lesions were :

-Lichen planus: Violaceous background, wickham striae

-Actinic cheilitis: White structureless areas, vascular polymorphism, ulceration

-Herpes labialis: Grey globules with brown dots, pink halo, polylobular cloudy white structures

-Labial melanotic macule- Brown background, landscape painting pattern

Many new dermoscopic findings were reported for the first time in this study which require further studies with larger number of patients.

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ETHICAL CLEARANCE CERTIFICATE



B.L.D.E.U's SHRI B M PATIL

MEDICAL COLLEGE HOSPITAL AND RESEARCH CENTRE, VIJAYAPURA-586103 RESEARCH INFORMED CONSENT FORM

TITLE OF THE PROJECT :- "CLINICAL AND DERMOSCOPIC ASSESSMENT OF LIP LESIONS BY PROSPECTIVE CROSS-SECTIONAL STUDY" IN SHRI B M PATIL MEDICAL COLLEGE HOSPITAL AND RESEARCH CENTRE, VIJAYAPURA.

PG GUIDE	:-	DR. KESHAVMURTHY ADYA
PG STUDENT	:-	DR. THRUPTHI A.L

PURPOSE OF RESEARCH:

To know the prevalence of lip lesions in North Karnataka region and correlating the clinical, dermoscopic features of the same.

BENEFITS:

I understand that my participation in this study will help the investigator to know the diversity of lip lesions with its clinic-dermoscopic features in age group from birth-85 years and its prevalence.

PROCEDURE:-

I understand that relevant history will be taken and I will undergo detailed lip examination and dermoscopy of the same. Punch biopsy will be taken if necessary.

RISK AND DISCOMFORTS:-

I understand there is no risk involved and I will experience no discomfort during the clinical examination.

CONFIDENTIALITY:-

I understand that medical information produced by this study will become a part of my hospital records and will be subjected to the confidentiality and privacy regulation of the said hospital. Information of a sensitive personal nature will not be a part of the medical records, but will be stored in the investigator's research file. If the data are used for publication in the medical literature or for teaching purposes no names will be used and other identifiers such as photographs and audio or videotapes will be used only with my special written permission. I understand I may see the photographs, videotapes and hear the audiotapes before giving this permission.

REQUEST FOR MORE INFORMATION:-

I understand that I may ask more questions about the study at any time concerned. Dr. THRUPTHI A.L is available to answer my questions or concerns. I understand that I will be informed of any significant new findings discovered during the course of this study, which may influence my continued participation.

REFUSAL OR WITHDRAWAL OF PARTICIPATION:

I understand that my participation is voluntary and I may refuse to participate or may withdraw consent and discontinue participation in this study at any time without prejudice. I also understand that Dr THRUPTHI A.L may terminate my participation in this study at any time after he has explained the reasons for doing so and has helped arrange for my continued care by my own physician, if this is appropriate.

INJURY STATEMENT:-

I understand that in the unlikely event of injury to me resulting directly from my participation in this study and if such injury were reported promptly, then medical treatment will be available to me, but no further compensation will be provided. I understand that by my agreement for my participation in this study, I am not waiving any of my legal rights.

I have explained to (patient's / relevant guardian's name) the purpose of the research, the procedures required, and the possible risks and benefits to the best of my ability in patient's own language.

Investigator / P. G. Guide	Date
I confirm that(Name of the	ne PG guide / chief researcher) has explained to me
the research, the study procedures that I	undergo and the possible risks and discomforts as
well as benefits that I may experience.	I have read and I understand this consent form.
Therefore, I agree to give my consent	for my participation as a subject in this research
project.	

Participant / guardian	Date	
Witness to signature	Date	

B.L.D.E.U'S SHRI B. M. PATIL MEDICAL COLLEGE HOSPITAL AND RESEARCH CENTRE, VIJAYAPURA. Department of Dermatology, Venereology and Leprosy.

SCHEME OF CASE TAKING

CLINICAL AND DERMOSCOPIC STUDY OF LIP LESIONS

General information

Name:	SL no:
Age:	
Sex:	Address:
Contact no. :	
Patient ID :	Date:

Presenting Complaints :

History of presenting illness:

Personal history :

Past history :

Family history :

• General Physical Examination:

PR:
Edema:
Lymphadenopathy

• Local examination:

 Systemic Examination Cardiovascular system: Respiratory system:

Central nervous system: Abdominal examination:

DERMOSCOPIC FINDINGS:

HISTOPATHOLOGICAL FINDINGS:

DIAGNOSIS:

KEY TO MASTER CHART

WR- WHITE RED

B- BROWN

E-ERYTHEMATOUS

P- PINK

R- RED

V- VIOLACEOUS

C-CLUSTERED

D-DIFFUSE

P-PERIPHERAL

D-DOTTED

T- TELANGIECTASIA

G-GLOBULES

A-ARBORISING

POL-POLYMORPHIC

LB-LINEAR BRANCHING

S-SERPENTINE

L-LINEAR

Y-YELLOW

W-WHITE

BD-BROWN DOTS

BG-BROWN GLOBULES

GWS- GLOBULAR WICKHAM STRIAE

RAWS-RADIAL WICKHAM STRIAE

RTWS-RETICULAR WICKHAM STRIAE

LFWS-LEAF VENATION WICKHAM STRIAE

LWS-LINEAR WICKHAM STRIAE

SBWS-STARBURST WICKHAM STRIAE

WS-WICKHAM STRIAE

U-ULCERATION

YO areas- YELLOW ORANGE AREAS

VP-VASCULAR POLYMORPHISM WSA-WHITE STRUCTURELESS AREA **DB-DARK BROWN** DWG-DIFFUSE WHITE GLOW **RPN-RETAINED PIGMENT NETWORK IDG-IRREGULAR DOTS AND GLOBULES VD-VIOLACEOUS DOTS VG-VIOLACEOUS GLOBULES GG-GREY GLOBULES** PH-PINK HALO **PP-PERILESIONAL PIGMENTATION PSE-PSUEDOPOD LIKE EXTENSION YB-YELLOW BROWN AREAS CW-CLOUDY WHITE AREAS** Y-YES N-NO

×	IF NO.		kge bes	Clinical history					Dermo	зсору				Clinical diagnos	HPE Y/N	HPR No.	Final diagnosis
	r	Y Y	Y Y	¥	Background *	Vessel Distr 💌	Vessels Mot 💌	Scales 📑	Pigmentary fe 🕷	Follicle 💌	Specific clues *	Other feature: *	Y Y Y		٧	Y	
	25977	70 poja Rath	18 F	Darkening of lips x 1 month	Brown				brown dots, globul	es -				Labial melanosis	N		Labial melanosis
2	2 2836	355 Nandini	45 F	Fluid filled lesions over lipsx 1 day	P			Y crusts			YB+BD, CV			Herpes labialis	N		Herpes labialis
3	3 2812	286 Murina E	28 F	Darkening of lips x 1 week following sulfa dru	Brownish	P	D		Bluish-grey glob	ıles				FDE	N		FDE
4	4 2746	357 Manjapp	55 M	Burning sensation over lip x 6 months	VR	0	POL	Y 			U 	VP		Actinic cheilitis	N		Actinic cheilitis
	0 1000	066 Mulveppa	79 M	Paintrulesions on ips to months	wn WD	r D	POL	V			U 11	VEA		Actinic chellitic	v	20704723	Actinic chellitis
7	7 3865	543 Arman	4 M	Lesions over lins x Lweek	P	F	FOL	Yenists			GG+BD	won		Impetino	N	2212123	Impetigo
	8 232	811 Neelamn	38 F	Painful lesions on lins x 1 week	VB	D	DL	Y			U U	VSA		Actinic cheilitis	N		Actinic cheilitis
9	9 2890)38 Sakkuba	28 F	Burning sensation over lip x 1 month	VR	D	D	Y			U	WSA		Actinic cheilitis	Y	5446/23	Actinic cheilitis
10	0 2552	24 Vinod	30 M	Painful lesions on lips x 1 year	VR	P	POL					WSA		Actinic cheilitis	N		Actinic cheilitis
11	1 3095	537 Shanta H	42 F	Burning sensation over lip x 2 months	VR	С	G				U	VG		Actinic cheilitis	N		Actinic cheilitis
12	2 2920	34 Apporva	17 F	Lesions at angle of mouth x 1 week	P	C	D,LB	V				Fissures		Angular cheilitis	N		Angular cheilitis
13	3 1039	907 Poorvi	12 F	Itchy lesions over angle of mouth x1 month	Dull red			V				Fissures		Angular cheilitis	N		Angular cheilitis
14	4 4268	347 Tanush	17 M	Scaly lesions over lip x 4 month	E			V				Fissures		Angular cheilitis	N		Angular cheilitis
10	5 606	42 Nandini	34 F	Lesions at angle of mouth x 2 week	Dull red			V				Fissures		Angular cheilitis	N		Angular cheilitis
10	5 3360	740 Annua AA	23 F	Darkening of lips #2 months	Brown	D	10	0	brown dots, glob	ules	DAVE			Lablai melanos	N	202122	Labiai melanosis
10	0 2060	710 Asmaivi 991 Tukacam	32 M	Larkening of lips 22 months	n VD	r D	LB C.C.	W U	ва		HAW5			Actinic chellitis	T U	332123	Lichen planus
19	o 3303 9 3813	331 Tukaram 317 Berniech	16 F	Lesion over lip associated with bleeding to Lesion over lip v 15 days	wn R	P	n.	т. М			0	Figgures		contact cheilitis	N		contact chellitis
20	0 711	190 Gangami	30 F	Painful lesion over lins x 10 days	B	n	n	Y Y				V		contact cheilitis	N		contact cheilitis
21	1 1218	821 Gouravy	70 F	Lesions over lip x 5 days	E	D	D	Y				V		contact cheilitis	N		contact cheilitis
22	2 140)46 Kiran	30 M	Lesions over lip x 20 days following hair due	в	P	D	V				Fissures		contact cheilitis	N		contact cheilitis
23	3 4073	317 Somanin	20 M	Red lesions over lip x 4 months	в	P	D	Y						Lichen planus	Y		contact cheilitis
24	4 4598	360 Mallango	52 M	Darkening of lips x 10 days following hair dye	В	P	D	V				Fissures		contact cheilitis	N		contact cheilitis
25	5 4343	388 R M Bira	38 M	Lesions over lip x 2 months	VR	С	D,L	V			U	WSA		Actinic cheilitis	N		Actinic cheilitis
26	6 3922	226 Saniya	18 F	Painful lesions over lip asso with bleeding x	в	P	D	V				Fissures, black cru	st	contact cheilitis	N		contact cheilitis
27	7 1542	293 Vaishnav	21 M	Lesions over lip x 2wks , lip licking +	В	P	D	Y				Fissures		contact cheilitis	N		contact cheilitis
28	8 1946	555 Shivarud	67 M	Painful lesions over lip x 5 months	WR F	r C	T	Y U		U,P,PS		W		ULE	Ύ N		ULE
29	a 1936	90 Manjula	36 F	Lesions over lip and face x 3 months	E VD	ι.	1	V V		U,P,		ukita sinda - 🗠 -		ULE	N V		ULL Lishen planus
	u 1305 1 204⊄	ore onlikanti 69 Kashurik	90 IVI	Lesions over race and lip X 2 years	vn VR		т	w V		P		white cifcles , Hose	rue+		r V	7152200	Cionen piàñus
31	- 3640 2 11F1	197 Vimalaha	57 F	Lesions over race and ip x Tyears	vn VB			v V		P		w W		DIE	r N	riuztźź	DLE
32	3 591	168 Juotki	44 F	Itchillesions over nose and line v R month	v	P	т	V				v V		DIF	N		DLE
24	4 2750)38 Rajuraia	48 M	Itchy lesions over lips wrists #4 date follow	E	P	D.G	 Y crust<	Bluish-area aloba	ıles		Erosion +		FDE	N		FDE
35	5 1150)47 Beerling	20 M	Swelling of lips x 3 months	E	D	T	V	Endon grey gibb		YO area, white rel	tilines		Granulomatous	Y		contact cheilitis
36	6 2694	37 Salama r	30 F	Swelling of lips x 5 months	E	D	T	v V			YO area, white rel	ti lines		Granulomatous	· Y	5125/21	Granulomatous cheilitis
37	7 2543	328 Aditya Bi	18 M	Swelling of lips x 3 years	E	D	D,T	V			YO area, white rel	ti lines		Granulomatous	Ŷ	4803/22	Granulomatous cheilitis
38	8 1165	580 Ashok	48 M	Swelling of lower lip asso with pain x 8 days	E	С	D, short linear v	V			YO area, white GI	obules		Inflammatory e	N		Inflammatory edema
39	9 3427	20 Kasturi	37 F	Darkening of lips x1year	Brown				brown dots, glob	ules				Labial melanos	N		Labial melanosis
40	2486	346 Gangavv	73 F	Kłoło LE, lesions over lip x 3 months	E	С	D,T	V				white structureless	areas	LE	N		LE
41	1 1200	97 Padmav	40 F	Burning sensation in oral cavity , lesions ov	¥	P	LB,D	в	BD		LWS, GWS			Lichen planus	N		Lichen planus
42	2 3149	959 Mallayya	45 M	Itchy lesions over extremities, lip x 2 years	٧	С	D	V	BD		GWS			Lichen planus	N		Lichen planus
43	3 2919	944 Gorshan	56 M	Burning sensation over lip , oral cavity x 4 m	¥	P	LB,D	Y			LWS, GWS			Lichen planus	N		Lichen planus
44	4 2553	395 Laxmi sh	30 F	Lesions over lip, oral cavity x 2 years	¥	P	D	V			GVS			Lichen planus	N		Lichen planus
45	5 4343	344 Nirmala	35 F	Lesions over lips x1month	R	P	D	V			GWS			Lichen planus	N		Lichen planus
46	6 1273	324 Anasuya	45 F	Kfcfo LP, lesions over lip x 3 months	Υ -	P	0	V			LWS			Lichen planus	N	FAFFIAA	Lichen planus
4/	7 2790	190 Dayanan 190 Kemelek	29 M	Lesions over lower lip x 2 years	н р	0	U,G	V	50		WS-			Actinic chellitis	Y N	5255f22	Lichen planus
48	8 2683	SZS Kamalab SZE Kashisat	00 F	Lesions over lower lip x 4 years	H V	D	D	V	Bu		LWS,GWS			Lichen planus	N		Lionen planus
	3 4420	77 Rhimaha	50 M	Kielo I.P. Jacions over lips, narius, reet, neok a o r	r R	F	0	w V	PG DG		RAWS RAWSIWS			Liohen planus	N		Liohen planus
	0001	TT Driningod		Note a resolution of the internation					20		11110,010			Lionen planas			concriptions
5	1	441 Kamalay	61 F	Lesions in oral cavity, lips x 9 months (in HE	v	с	D	v	BG		GWS	Bosette+		Links stars			Lichen planus
52	2 3865	507 Kornala	45 F			-	-							LICHER DIADUS	IN .		
53	3 4036			Lesions over lips x 1 month	R	С	D	V	BG		LFWS	Rosette+		Lichen planus	N		Lichen planus
54	4 1668	631 shivanan	70 M	Lesions over lips #1month Lesions over lips #8 months	R V	C C	D	V	BG BG		LFVS RAVS	Rosette+		Lichen planus Lichen planus	N N		Lichen planus Lichen planus
55	5 452	631 shivanan 853 Ashabee	70 M 68 F	Lesions over lips #1 month Lesions over lips #8 months Lesions over lip asso with birning sensation	R V V	с с с	D D D	V V V	BG BG BG		LFVS RAVS SBVS	Rosette+		Lichen planus Lichen planus Lichen planus	N N Y	3257/22	Lichen planus Lichen planus Lichen planus
57		631 shivanan 853 Ashabee 235 Kanta toi	70 M 68 F 79 F	Lesions over lips x 1 month Lesions over lips x 8 months Lesions over lip as o with birning sensation Lesions over lip x 4 months	R V V V	C C C C	D D D D	V V V Y	BG BG BG BD		LFVS RAVS SBVS RAVS	Rosette+		Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus	N N Y N	3257#22	Lichen planus Lichen planus Lichen planus Lichen planus
	6 1939 7 3684	631 shivanan 853 Ashabee 235 Kanta toi 960 Mallappa 468 Nirmala	70 M 68 F 79 F 60 M 40 F	Lesions over lips #1 month Lesions over lips #8 months Lesions over lip as so with birning sensation Lesions over lip #4 months Lesions over lins asso with burning #6 months	R V V R V	C C C C C	D D D D D	V V V Y Y V	BG BG BG BD BG		LFVS RAVS SBVS RAVS RAVS,LVS,RTV RAVS	Rosette+ /S		Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus	N N Y N N	3257#22	Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus
58	6 1939 7 3684 8 2202	631 shivanan 353 Ashabee 235 Kanta toi 360 Mallappa 468 Nirmala 235 Ashok	70 M 68 F 79 F 60 M 40 F 58 M	Lesions over lips x1 month Lesions over lips x8 months Lesions over lip asso with birning sensation Lesions over apile of mouth x4 months Lesions over apile of mouth x4 months Lesions over lips asso with burning x6 mon thely lesions over hands, lips x3 months	R V V V V V V V V V V V V V V V V V V V	с с с с с	D D D D D	V V Y Y V V	BG BG BG BD BG BG		LEVS RAVS SBVS RAVS RAVSLVS,RTV RAVS RAVS	Rosette+ /S		Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus	N N Y N N N	3257/22	Lichen planus
58	6 1939 7 3684 8 2202 9 121	631 shivanan 853 Ashabee 235 Kanta toi 960 Mallappa 468 Nirmala 235 Ashok 155 Avinash	70 M 68 F 79 F 60 M 40 F 58 M 28 M	Lesions over lips 1 month Lesions over lips 8 months Lesions over lip asso with birning sensation Lesions over angle of mouth 4 months Lesions over angle of mouth 4 months Lesions over lips asso with burning 8 months Lesions over hands, lips 1 months	R V V R V V V V V	с с с с		V V Y Y V V V	BG BG BD BG BG BG BG		LFVS RAVS SBVS RAVS RAVS,LVS,RTV RAVS RAVS RAVS RAVS	Rosette+		Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus	N N Y N N N N	3257/22	Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus
58	6 1939 7 3684 8 2202 9 121 0 3857	631 shivanan 853 Ashabee 235 Kanta toi 960 Mallappa 468 Nirmala 235 Ashok 155 Avinash 782 R V Padr	70 M 68 F 79 F 60 M 40 F 58 M 28 M 55 M	Lesions over lips 1 month Lesions over lips 8 months Lesions over lip a so with birning sensation Lesions over lips 4 months Lesions over lips a so with burning 16 mon Refly lesions over hands, lips 3 months Lesions over lips as 0 months Lesions over lips as 0 months Lesions over lips as 0 months Refly lesions over lips 6 mon	R V V R V V V V P P	C C C C C P	D D D D D D,LB	V V Y V V V V	BG BG BD BG BG BG BG		LFVS RAVS SBVS RAVS RAVS LVS,LVS,RTV RAVS RAVS RAVS VS-	Rosette+		Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus Pigmented SCI	N N Y N N N N N	3257/22 7189/22	Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus
56 55 60 6	6 1939 7 3684 8 2202 9 121 0 3857 11 491 2 1667	631 shivanan 853 Ashabee 235 Kanta tou 960 Mallappa 468 Nirmala 235 Ashok 155 Avinash 155 Avinash 782 R V Padr 124 Dhanaraj 764 Shakurt	70 M 68 F 79 F 60 M 40 F 58 M 28 M 55 M 55 M 55 M	Lesions over lips 1 month Lesions over lips 80 months Lesions over lip asso with himing sensation Lesions over lip asso with himing sensation Lesions over lips asso with huming 8 months Lesions over lips asso with huming sensation 11 Months Lesions over lips with huming sensation 11 Asymptomatic lesion over lips 8 months Lesions over lips 1 month	R V V R V V V V P P R V V	C C C C C P P	D D D D D D D D D L B	V V V V V V V V V V	BG BG BG BD BG BG BG BD BD BD		LFVS RAVS SBVS RAVS RAVS,LVS,RTV RAVS RAVS RAVS VS- LVS GVS	Rosette+		Lichen planus Lichen planus	N N Y N N N N N N N N N N N N N N N N N	3257/22 7189/22 3256/22	Lichen planus
55 55 60 62 62	6 1939 7 3684 8 2202 9 121 0 3857 11 491 2 1667 3 159	631 shivanan 853 Ashabee 235 Kanta toi 960 Mallappä 468 Nirmala 235 Ashok 155 Avinash 155 Avinash 154 Padr 124 Dhanaraj 124 Dhanaraj 141 Malakav	70 M 68 F 79 F 60 M 40 F 58 M 28 M 55 M 55 M 12 M 68 F 55 F	Lesions over lips 1 month Lesions over lips 8 months Lesions over lips 8 months Lesions over lips 4 months Lesions over algo 4 months Lesions over algo 4 months Lesions over lips asso with burning 3 months Indy lesions over hands, lips 3 months Lesions over lips with burning sensation 1 Agring thomatic lesion over lover lips 8 mon Lesions over lips with burning sensations 1 Lesions over lips with burning sensations 1 1 Painful lesions over lips with burning sensations 1	R V V R V V V V P R V V R V R R V R	C C C C C P P C	D D D D D D LB LB LB LB	V V V V V V V V V V V V V V V V V V V	BG BG BG BG BG BG BD BD		LFVS RAVS SBVS RAVS RAVS RAVS RAVS RAVS VS- LVS GVS LVS	Kosette+		Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus Lichen planus Pigmented SCI Lichen planus Lichen planus Lichen planus Lichen planus	N N Y N N N N N N N N N N N N N N N N N	3257#22 7189#22 3256#22	Liohen planus
57 55 60 62 63 63 64	6 1939 7 3684 8 2202 9 121 0 3857 11 491 2 1667 3 159 4 2557	631 shivanan 553 Ashabee 235 Kanta toi 360 Mallappa 468 Nirmala 235 Ashok 155 Avinash 155 Avinash 156 Padr 124 Dhanaraj 764 Shakunti 141 Malakav 728 Meenaks	70 M 68 F 79 F 60 M 40 F 58 M 28 M 55 M 12 M 68 F 55 F 67 F	Lesions over lips 1 month Lesions over lips 8 months Lesions over lip 8 months Lesions over lip 4 months Lesions over and 6 mouth 4 months Lesions over lips asso with burning 8 mon Italy lesions over lips with burning senations 1 Asymptomatic lesion over lover lip 8 mon Lesions over lips with burning senations 1 Painful lesions over lips 1 year Lesions over lips 2 year	R V V R V V P R R V R V V V V V	C C C C P P C C D	D D D D D D D L B L B L B D L B D D	V V V V V V V V V V V V V V V	BG BG BG BG BG BG BG BD BD		LFVS RAVS SBVS RAVS RAVS RAVS RAVS RAVS VS- LVS RAVS LVS RAVS,LVS,GV3	Rosette-		Lichen planus Lichen planus	N N Y N N N N N N N N N N N N N N N N N	3257722 7189722 3256722 4799723	Liohen planus
57 55 60 67 62 63 64 65	6 1939 7 3684 8 2202 9 121 0 3857 11 491 2 1667 3 159 4 2557 5 4405	631 shivanan 553 Ashabee 235 Kanta tou 360 Mallappa 468 Nirmala 235 Ashok 155 Avinash 155 Avinash 155 Avinash 152 R V Padr 124 Dhanaraj 164 Shakunta 154 Shakunta 154 Shakunta 154 Shakunta 154 Shakunta 155 Paramar	70 M 68 F 79 F 60 M 40 F 58 M 28 M 55 M 12 M 68 F 55 F 67 F 41 M	Lesions over lips 1 month Lesions over lips 28 months Lesions over lip asso with himing sensation Lesions over lips asso with himing sensation Lesions over lips asso with huming 28 months Lesions over lips asso with huming sensation 1 1 Asymptomatic lesion over lips 1 month Lesions over lips 1 month Lesions over lips 1 month Lesions over lips 2 month Lesions over lips 2 month Lesions over lips 2 with huming sensation 1 1 Painful lesions over lips 1 gens Lesions over lips 2 gens	R V V R V V P R R V R V V V V V V V	C C C C C P P C C D D	D D D D D D D LB LB,D D LB,D,G	V V V V V V V V V V V V V V V V V V V	BG BG BG BG BG BG BG BD BD		LFVS RAVS SBVS RAVS RAVS RAVS RAVS VS- LVS GVS LVS RAVS_LVS,GVS RTVS,LFVS	Rosette+		Lichen planus Lichen planus	N N N N N N N N N N N N N Y N N N N N N	3257/22 7189/22 3256/22 4799/23	Liohen planus
55 55 60 65 65 65 65 65 64 65 65	6 1939 7 3684 8 2202 9 121 0 3857 11 491 2 1667 3 159 4 2557 5 4405 6 2716	631 shivanan 533 Ashabee 235 Kanta tou 360 Mallappa 6468 Nirmala 235 Ashok 155 Avinash 155 Avinash 155 Avinash 154 Padr 124 Dhanaraj 154 Shakunta 154 Shakunta 154 Shakunta 154 Shakunta 154 Shakunta 155 Paramar 157 Priti Kirai 150 Pa	70 M 68 F 79 F 60 M 40 F 58 M 28 M 55 M 12 M 68 F 55 F 67 F 41 M 24 F	Lesions over lips 1 month Lesions over lips 8 months Lesions over lip a sex with himing sensation Lesions over lips 4 months Lesions over lips 4 months Lesions over lips 4 months Lesions over lips make, lips 3 months Lesions over lips with burning sensation 1 / Asymptomatic lesion over lover lips 4 month Lesions over lips 1 month Lesions over lips 1 month Lesions over lips 1 month Lesions over lips 2 geas Lesions over lips 2 geas Lesions over lips 1 gen	R V V R V V V V V R R V V V V V V V V V	C C C C C C C C C C D D D	D D D D D D LB LB,D D LB,D,G	V V V V V V V V V V V V V V V V V V V	BG BG BD BD BG BG BD BD		LEVS RAVS RAVS RAVS RAVS RAVS RAVS VS- LVS GVS LVS RAVS_LVS,GVS RAVS_LVS,GVS RAVS_LVS,GVS	Rosette+		Lichen planus Lichen planus	N N N N N N N N N N N Y N N Y N N Y N	3257/22 7189/22 3256/22 4799/23	Lichen planus
55 55 60 66 62 62 62 62 62 62 62 62 62 62 62 62	6 1939 7 3684 8 2202 9 121 0 3857 11 491 2 1667 3 159 4 2557 5 4405 6 2716 6 2716 7 3667 8 £22	631 shivanan 853 Ashabee 235 Kanta toi 360 Mallappa 468 Nirmala 235 Ashok 155 Avinash 155 Avinash 156 Avinash 156 Avinash 157 Padr 124 Dhanaraj 764 Shakunti 8141 Malakav 278 Meenaks 581 Paramar 377 Priti Kirai 700 Sandam	70 M 68 F 79 F 60 M 40 F 58 M 28 M 55 M 12 M 68 F 55 F 67 F 41 M 24 F 60 F 68 F	Lesions over lips 1 month Lesions over lips 8 months Lesions over lips 4 months Lesions over lips 4 months Lesions over lips 4 months Lesions over lips asso with burning 5 months Lesions over lips with burning sensation 1 1 Asymptomatic lesion over lover lips 8 mon Lesions over lips with burning sensations 1 Paintel lesions over lips 1 year Lesions over lips 2 years Lesions over lips 1 20 days	R V V R V V V V P R V V V V V V V V V V	C C C C C C C C C C C C C C C C C C C	D D D D D D D LB D LB,D,G	A A A A A A A A A A A A A A A A A A A	BG BG BD BG BG BG BD BD BD		LFVS RAVS SBVS RAVS RAVS RAVS RAVS VS- LVS GVS LVS RAVSLVS,GV3 RAVSLFVS RAVS LVS RAVSLFVS RAVS	Rosette+		Lichen planus Lichen planus	N N N N N N N N N N Y N N N N N N N N N	3257/22 7189/22 3256/22 4799/23	Lichen planus Lichen planus
57 50 60 60 60 60 60 60 60 60 60 60 60 60 60	6 1939 7 3684 8 2202 9 121 0 3857 11 491 2 1667 3 159 4 2557 5 4405 6 2716 6 2716 6 2716 8 633 9 788	631 shivanan 833 Ashabee 235 Kanta tor 8468 Mirmala 235 Ashabe 235 Ashabe 235 Ashab 155 Avinash 784 Dhanaraj 784 Dhanaraj 785 Dhanaraj 785 Dhanaraj 785 Dhanaraj 786 Dhanaraj 786 Dhanaraj 786 Dhanaraj 786 Dhanaraj 786 Dhanaraj 786 Dhanaraj 786 Dhanaraj 786 Dhanaraj 787 Dhanaraj 786 Dhanaraj 787 Dhanaraj	70 M 68 F 79 F 60 M 40 F 58 M 28 M 55 M 12 M 68 F 55 F 67 F 41 M 24 F 60 F 68 F 30 M	Lesions over lips 1 month Lesions over lips 80 months Lesions over lips asso with himing sensation Lesions over lips asso with himing sensation Lesions over lips asso with huming 8 months Lesions over lips asso with huming sensation 1 (Asymptomatic lesion over lips 1 month Lesions over lips 1 generation 1 (Painful lesione over lips 1 generation 1 Lesions over lips 2 degs Pigmented lesions over lips 1 genoths	R V V R R V V V P R V V R R V V V V V V	C C C C C C C C C C C C C C C C C C C	D D D D D D LB D LB D D LB D D D D D D D	A A A A A A A A A A A A A A A A A A A	BG BG BG BD BG BG BG BD BD VG VG		LFVS RAVS SBVS RAVS RAVS RAVS RAVS RAVS VS- LVS GVS LVS RAVS_USGVS RTVS_LFVS RAVS RAVS RAVS RAVS RAVS RAVS RAVS RA	Rosette+ /S White oircles		Lichen planus Lichen planus	N N N N N N N N N N Y N N Y N N N N N N	3257/22 7189/22 3256/22 4799/23	Lichen planus Lichen planus
57 56 60 60 60 60 60 60 60 60 60 60 60 60 60	6 1939 7 3684 8 2202 9 121 0 3857 11 491 2 1667 3 159 4 2557 5 4405 6 2716 6 2716 6 2716 7 3667 8 633 9 786 0 3765	631 shivanan 353 Ashabee 353 Ashabee 350 Mallappa 468 Nirmala 235 Ashok 156 Avinash 762 R Y Padr 124 Dhanaraj 764 Shakunts 1141 Malakav 728 Menaks 561 Paramar 777 Prih Kira 770 Prinkira 770 Prikara 365 Qualavu 376 M S Ada 254 Ajit	70 M 68 F 79 F 60 M 40 F 58 M 28 M 55 M 12 M 68 F 55 F 67 F 41 M 24 F 60 F 68 F 68 F 30 M	Lesions over lips at month Lesions over lips as months Lesions over lip asso with himing sensation Lesions over lips asso with himing sensation Lesions over lips asso with huming at months Lesions over agnite of mouths at months Lesions over lips with huming sensations at 1 Asymptomatil lesion over lover lips at month Lesions over lips at month Lesions over lips at month Lesions over lips at month Lesions over lips at 2 years Lesions over lips a 2 years Lesions over lips at 2 years Lesions over lips at 2 days Lesions over lips at 2 days Paintel lesions over lips at 2 months Paintel lesions over lips at 2 months Paintel lesions over lips at 2 months	R V V V V V V V V V V V V V V V V V V V	C C C C C C C C C D D D D D D	D D D D D D D L B D L B D D D D D D D D	V V Y Y V V V V V V V V V V V V V V V V	BG BG BG BG BG BG BG BD BD BD VG VG		LEVS RAVS SBVS RAVS RAVS RAVS RAVS RAVS RAVS LVS CVS LVS RAVSLVS,0VS RAVS LVS RAVS LVS RAVS LVS RAVS LVS RAVS LVS RAVS LVS RAVS LVS RAVS	Rosette+		Lichen planus Lichen planus	N N N N N N N N N N N N N N N N N N N	3257/22 7189/22 3256/22 4799/23	Lichen planus Lichen planus
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Red clods</td> <td>Lichen planus Lichen planus Suber planus Lichen planus Suber planus Lichen planus Suber planus Lichen planus Suber planus Lichen planus Suber planus Herpes labalis Herpes labalis Herpes labalis Herpes labalis Lichen planus SCC</td> <td>N N N N N N N N N N N N N N N N N N N</td> <td>3257/22 7183/22 3256/22 4739/23 480/923 5083/23</td> <td>Lichen planus Lichen planus Li</td>	70 M 68 F 68 F 60 M 58 M 58 M 55 M 55 M 55 M 55 M 55 M 55 M 56 F 67 F 41 M 60 F 67 F 41 M 60 F 60 F 60 M 20 M	Lesions over lips a 1 month Lesions over lips asso with binning sensation Lesions over lips asso with binning sensation Lesions over lips asso with binning sensation Lesions over lips with huming sensation 1 Lesions over lips asso with binning sensation 1 Lesions over lips asso with binning sensation 1 Painful lesions over lips 1 month Lesions over lips with burning sensation 1 1 Painful lesions over lips 1 year Lesions over lips 1 month Lesions over lips 2 years Lesions over lips 2 years Lesions over lips 2 days Pigmethed lesions over lips 1 month Lesions over lips 2 days Pigmethed lesions over lips 2 months Painful lesions over lips 2 months Painful lesions over lips 2 months Painful lesions over lips 2 days Lesions over lips 2 lass Lesions over lips 3 days Lesions over lips 4 days Lesions days lips 4 days Lesions days lips 4 days Lesions days lips 4 days Lesions days lips 4 days L	R V V V V R R V V V V V V V V V V V V V	C C C C C C C C C C C C C C C C C C C	D D D D D D D D D D D D D D D D D D D	V V V V V V V V V V V V V V V V V V V	BG BG BG BG BG BG BG BG BC BD BD BD BD BD BD BD BD BD BD BD BD BD	Perifolioular hyp	LFVS LFVS RAVS RAVS RAVS RAVS RAVS RAVS RAVS RAVS RAVS RAVS RAVS RAVS LVS GVS LVS RAVS LVS RAVS LVS RAVS LVS RAVS LVS RAVS LVS RAVS LVS Eroston- U Vhite colocatette Vhite colocatette Visue GG-BD GG-BD GG-BD GG-BD GG-BD GG-BD GG-BD Viste colocateste Vhite colocatette Visue GG-BD GG-BD GG-BD GG-BD GG-BD GG-BD Viste colocateste Viste colocatette Viste GG-BD GG-BD GG-BD Viste colocatette Viste Colocatette Colocatette	Rosette+ /S /Vhite oicles S /Vhite rails /Vhite rails Keratin halo rance /Vhite structureless	s areas. 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5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	6 19:39 10 3684 8 2202 9 121 0 3857 11 4917 3 159 4 2577 3 159 4 2575 5 4406 6 2716 6 2716 6 2718 6 2718 7 3667 3 2436 3 2436 3 2436 5 3768 6 3778 7 1894 8 3433 9 2574 0 1583 11 1955 3 9344 9 2726 8 3437 9 2768 8 9437 9 2768 9 2768 9 2768	631 shiwanan 631 shiwanan 6325 Sahabe 6335 Ashabe 6336 Mallappe 6430 Mallappe 6430 Mallappe 784 Shaknat 784 Shaknat 784 Shaknat 784 Shaknat 784 Shaknat 785 Sugalav 786 Sugalav 787 Matogalav 786 Sugalav 786 Sugalav 786 Sugalav 787 Matogalav 788 Sugalav 793 Sugalav	70 M 68 F 69 F 60 M 58 M 60 F 58 M 55 M 67 F 67 F 64 F 68 F 67 F 64 F 60 F 68 F 60 F 68 F 30 M 45 F 50 M 68 F 30 M 68 F 30 M 68 F 30 M 68 F 55 M 55 M	Lesions over lips a 1 month Lesions over lips as owith binning sensation Lesions over lips asso with binning sensation Lesions over lips asso with binning sensation it Lesions over lips asso with binning sensation 1 High lesions over lips as owith binning sensition 1 High lesions over lips as owith binning sensition 1 Hainful lesions over lips 1 month Lesions over lips with binning sensition 1 Painful lesions over lips 1 gear Lesions over lips 1 month Lesions over lips 1 month Lesions over lips 1 dear Lesions over lips 1 gear Lesions over lips 1 dear Lesions over lips 1 dear Lesions over lips 1 dear Lesions over lips 2 dears Lesions over lips 3 months Light colored lesions over lips 1 months Lesions over lips 3 dears Lesions over lips 4 dears Lesions over lips 6 dears Lesions over lips 1	R V V V P R V V V P R R V V V V V V V V	C C C C C C C C C C D D D D D D D D D D	D D D D D D D D D D D D D D D D D D D	V V V V V V V V V V V V V V V V V V V	BG BG BG BG BG BG BG BD BD BD BD BD BD BD BD BD BD BD BD BD	Perifolioular hyp	LFVS LFVS LFVS RAVS RAVS RAVS RAVS RAVS RAVS RAVS LVS RAVS LVS RAVS LVS RAVS LVS RAVS RTVS LFVS RAVS RAVS LVS RAVS RAVS RAVS RAVS RAVS RAVS RAVS RA	Rosette+ /S //hite oincles S //hite rails //hite rails //hite rails //hite rails //hite rails //hite rails //hite structureless	s areas, Red clods	Lichen planus Lichen planus Suffi Vitiligo Vit	N N N N N N N N N N N N N N N N N N N	3257/22 7189/22 3256/22 4739/23 4801/23 5083/23	Lichen planus Li
	6 19:39 1 49 2 367 3 159 3 159 3 159 4 2557 3 159 4 2557 8 633 9 786 6 2716 7 6344 9 3765 6 633 9 2657 9 2574 9 3275 9 2574 9 2726 0 3883 9 2726 0 3833 1 2756 2 2466 2 260 3 374 9 2726 0 3833 1 2576 9 2726 0 3863 3 374 3 374	31 shiwanan 531 Schabez 535 Ashabez 535 Ashabez 535 Ashabez 535 Ashabez 535 Ashabez 536 Aunash 536 Avinash 536 Avinash 537 Ashabez 538 Ashabez 537 Ashabez 538 Supalavez 539 Agina 536 Supalavez 537 Priti Kiraa 538 Supalavez 539 Agina 538 Supalavez 539 Agina 534 Gouri 535 Sidagehai 547 Supainta 543 Supalavez 544 Saturbaz 545 Suparata 545 Suparata 545 Suparata 545 Suparata 545 Suparata	70 M 68 F 69 F 60 F 58 M 60 F 55 M 55 M 55 M 55 F 61 F 60 F 61 F 61 F 61 F 61 F 61 F 61 F 61 F 61	Lesions over lips a 1 month Lesions over lips asso with binning sensation Lesions over lips asso with binning sensation Lesions over lips asso with binning sensation Lesions over lips 4 months Lesions over lips 4 months Lesions over lips asso with binning sensation 11 Paint lesions over lips a 1 month Lesions over lips a months Lesions over lips a 1 month Lesions over lips a 2 geas Lesions over lips a 2 geas Lesions over lips a 20 days Lesions over lips a 20 days Darkening of lips a 0 days (blid filler Darkening of lips a 0 days, fluid filler Darkening of lips a 20 days Lesion over lips days Lesions over lips 3 days Lesions over lips 3 days Lesions over lips 6 days Lesions over lips 6 days Asymptomatic dark lesions over lips 7 days	R V V V R R V V V R R V V V V V V V V V	C C C C C C C C C C C C C C C C C C C	D D D D D D D D D D D D D D D D D D D	V V V Y Y Vorusts Yorusts Yorusts V Vorusts V V V V V V V V V V V V V V V V V	BG BG BG BG BG BG BG BD BD BD BD BD BD BD BD BD BD BD BD BD	Perifolioular hyp	LFVS LFVS LFVS RAVS RAVS RAVS RAVS RAVS RAVS RAVS RA	Rosette- /S // White oncioes / / / / / / / / / / / / / / / / / / /	s areas. Red clods	Lichen planus Lichen planus Piogenio gan Actinic chellits Siß Si Actinic chellits Siß Herpes labialis Herpes labialis Imergio CrMN SCC Mingo Traumatio lip in Herpes labialis Lichen planus CrMN SCC	N N N N N N N N N N N N N N N N N N N	3257/22 7189/22 3256/22 4799/23 4901/23 5083/23	Lichen planus Li

101	88696 Ramesh	33 M	Itchy, painful lesions over angle of mouth x	Dull red			V				Fissures		Angular cheilitis	N	Angular cheilitis	
102	2530 Rudrago	55 M	Dark lesions over lip x 2 months	VB	D	POL	Y			U			Actinic cheilitis	N	Actinic cheilitis	
103	187564 Shanta	18 F	Dark lesions over lips x 5 years	DB	ABSENT		A	circle lines		landscape patte	rn		Labial melanoti	N	Labial melanotic m/	acule
104	91006 Soumyas	32 F	lesions over lip x 3 months	P	D	D,G	Y crusts						Pemphigus vul-	N	Pemphigus vulgaris	5
105	78648 Arun Gar	37 M	Burning sensation over lower lip x 8 years	VB	D	POL	V						Actinic cheilitis	N	Actinic cheilitis	
106	68037 Maniula	18 F	Fluid filled lesions over lips x 1 week	Р		D	V			GG+BD			Herpes labialis	N	Herpes labialis	
107	370205 Sukanua	20 F	Dark lesions over lip x 2 months with H/o li	p Brown			V				Fissures		contact cheilitis	N	contact cheilitis	
108	76843 Aiit Jadh	23 M	Dark lesions over lips , oral cavitu # 6 mont	۲V	P	D	V	VG		LVS.LFVS			Lichen planus	N	Lichen planus	
109	69792 Pavitra C	20 F	Dark lesion over upper lip # birth , graduallu	i DB	ABSENT		A	IDG					Labial melanoti	N	Labial melanotic m	acule
110	69200 Saheboo	49 M	Graduallu increasing size of lesion over low	«Р	D	ADGPOL				White circles	White structureless areas	.Red homogenous	a SCC	Y 969	/24 SCC	
111	274414 Mudakar	45 M	Itchu lesions over ears, lips x 2 weeks	E	P	D.G	V		DP	Rosettes		,, , ,	DLE	N	DLE	
112	280493 Hanamai	65 M	Painful lesions over angle of mouth x 1 wee	*P			V				Fissures		Angular cheilitis	N	Angular cheilitis	
113	280675 Mallanna	70 M	Fluid filled lesions over lins x 1 week	P			Y			GG+BD			Hernes labialis	N	Hernes labialis	
114	299494 Chanaha	32 M	Dark lesions over lins on and off x 7 month	ν E	P	DGT	Licrusts	Bluish-areadob	ules		Erosion +		FDF	N	EDE	
115	305271 Mallikarii	28 M	Darkening of lins #2 years	V	P	D.	Y	VD		LVS			Lichen nlanus	N	Lichen nlanus	
116	313075 Benuka	40 E	Itchu lesions over forearms, nalms, lens, li	n P		-	v			66+PH			Hernes Jahialis	N	Hernes labialis	
117	320446 Humahai	60 F	Burning sensation over lower lin x 2 month	«WB	P	POL	Y			II			Actinic cheilitis	N	Actinic cheilitis	
112	129355 Sanneath	14 F	Lecions over lins + 1 year	F	D	D.G.	v.			•	Ficcurac		enntact ekailitik	N	contact cheilitis	
119	222740 Ökkiloch	22 M	Light colored lesions over line v 6 months	N N	n	DIR	0	DMG		PP	T ISSUES		Vitilian	N	Vitiliao	
120	226177 Prodeen	27 M	Legit colored lesions over lips vol months	w V	n	DG	N N	VD		PTVS			Lieben nlanur.	N	Licken planus	
121	226979 Nirmala	26 5	Dark colored lasions over line #9 months	, V	P	D	v	VG		epue			Lieben planus	N	Lieken planus	
122	262212 Kalausta	50 F	A sumption at a logicity over lips v of months	P	P	DIP	V.	VD.		CDVC			Liohen planus	N	Licken planus	
122	201477 Courses	19 5	Logione quer line # down	c	n D	D,LD	w V	10		3043			contract abailitie	M	contract abailitie	
12.5	165610 Dodropio	20 5	Itoku lacione quor line, contro france 2 mont	E V	D	D	W V	WD.		IVC COVC			Lisken alanus	NI NI	Liekon planus	
125	200012 Clustela	26 F	Itoly resides over the scap, race a 2 mon	u v u V/D	г С	D	W V	Yu		LW0,00W0			Antinio oksilitio	N N	Östinis skolitis	
120	204040 Charles	20 F	Roning, sweining, darkening or ips a 4 mon	Prove	0	D	W V				Figures		Accuración de la contractiva d	N N	Actinic chellitis	
120	204202 Candidan	20 F	Purples consistion over line 2 months	DIOMI			W V				Fissues		Anaular akailitir	NI NI	Analysis of all the	
121	SS4202 Sandeep	24 F 25 E	Loging our line 2 works	r r	D	n	W V				rissules		Angular chemilitis	N N	Angular criellius	
120	204200 Astratati	30 F	Dark enlared legions over line of months	E V	D	D	W V	VD.		15/2			Contact crienius	N N	Lieben elenus	
12.0	304200 Snieeuev	90 F	Dark colored residns over lips & months	v F	г D	DC	W V	VD	D	Destine			DLC	N	DIE	
130	202003 MSrid	09 F	Burning sensation over tips x 5 months	5	г Р	D,0	W		0	nosettes			DLE	N	DLE	
131	184 Mairun	60 F	Itony lesions over trunk, race, lips x to days	E	P	1	W	115	U,P	11.10			ULE	N	DLE	
132	4232 Tararani	40 F	itchy lesions over forearms, hands, ears, il	p v D	P	DOLD	V	VD		LWS			Lichen planus	N	Lichen planus	
133	265388 Anusha	25 F	Hed lesions over lips x 2 months	R D	0	Diate	V	VU		HIWS			Lichen planus	N	Lichen planus	
134	3376 Sukanya	45 F	Darkening of lips # 5 months	BIOWN	U 5	ы Г		brown dots, glot	ules				Labial melanos	N	Labial melanosis	
135	180382 Suman	32 F	Dark lesions over lips, foreheard, trunk x 2	y v _	٢	U	V	VG		LWS			Lichen planus	N	Lichen planus	
136	264857 Shantam	65 F	Fluid Hiled lesions over lips x 4 days	P			Y .			GG+BD			Herpes labialis	N	Herpes labialis	
137	69/92 puvatra	36 F	Dark lesion over upper lip # birth , gradually	ILUB	ABSENT		A	circle lines		10.5 1			Labial melanoti	N	Labial melanotic ma	acule
138	268465 Guru	36 M	asymptomatic lesion over upper lip asso w	II HomoHed+WA	U	0,6,1	V			White colarette	White rails		Pyogenic granu	N	Pyogenic grauloma	· .
139	114323 veena	34 F	dark lesion over lower lip x 3 years	LB	overlapping v	ressels	A	parallel lines		landscape patte	rn		Labial melanoti	N	Labial melanotic ma	acule
140	125647 supreet	10 M	Asymptomatic lesion asso with bleeding o	v HomoRed+VA	D	D,G	V			White colarette	White rails		Pyogenic granu	Y	Pyogenic grauloma	1
141	145926 Gangami	40 F	Itchy lesion over lower lip , face , ears # 3 m	c WR	P	T	V		D				DLE	N	DLE	
142	151807 veeresh	37 M	dark lesions over lips x 2 months	٧	P	D	V	VD		RAWS			Lichen planus	N	Lichen planus	
143	156700 Jagirdhai	59 M	lesion over upper lip gradually increasing in	size x 8 months	_								SCC	Y	Benign Squammou	s papillom
144	253475 Jagadee:	48 M	Light colored lesions over lips x 20 years	E	D	D,LB	A	DVG		PSE			Vitiligo	N	Vitiligo	
145	164586 Somash	38 M	Light colored lesions over lower lip x 3 year	'≤ W	D	D,T,LB	A	REDUCED					Vitiligo	N	Vitiligo	
146	180946 Ialitha	45 F	Dark lesions over lower lip x 4 months	٧	P	D,G	V	VG		RAWS			Lichen planus	N	Lichen planus	
147	361523 sovimya	36 F	Dark lesion over lower lip # 5 years	LB	overlapping v	vessels	A	parallel lines		landscape patte	rn		Labial melanoti	N	Labial melanotic ma	acule
148	275458 Sandhya	15 F	Light colored lesions over lips x 2 years	E	D	D,LB	A	DVG		PSE			Vitiligo	N	Vitiligo	
149	362198 Veeresh	38 M	Lesions over lips # 2 months	E	D	D,G	Yorusts			Erosion+			Pemphigus vuly	N	Pemphigus vulgaris	\$
150	212773 Ramesh	40 M	Lesions over lips # 3 months	E	D	D,G	Y crusts			Erosion+			Pemphigus vul-	N	Pemphigus vulgaris	;

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