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# L<sup>USC</sup>ious Lips- Cancer or a dermal filler complication? A Case report

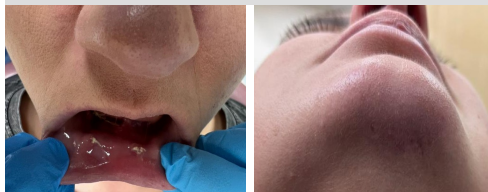
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## History

- 37-year-old female
- Medical history**-hypothyroidism, anxiety and depression
- Social history**- Ex-smoker (15years ago), rarely drinks alcohol
- USC referral from GP**- a growing lump to the inside of her lower lip. Not painful. A second lump has appeared adjacent to it in the last 4 weeks. - not able to be pictured **only identifiable by palpation**
- Onset**- 2-month duration.

## Examination

- Neck Nodes**- palpable right level 1 node
- Extra oral** -swelling below the lower lip and attached to the skin
- Intra oral**- 3 firm swellings were identified deep within the labial mucosa: 2 right sided and 1 left sided



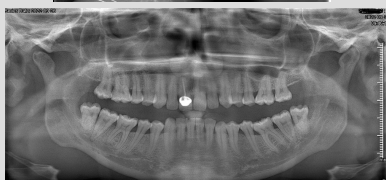
## Differential diagnosis

1. **Pleomorphic adenoma**
2. **Chondrosarcoma**

## Investigations

### X rays- Cephalogram and OPG

Nil abnormalities of the dentition. Nil opacities or signs of foreign substances in the soft tissues.



### Ultrasound:

There is **no evidence of pathological cervical lymphadenopathy**. The salivary and thyroid glands are unremarkable. No evidence of thyroglossal duct cyst.

## Histopathology

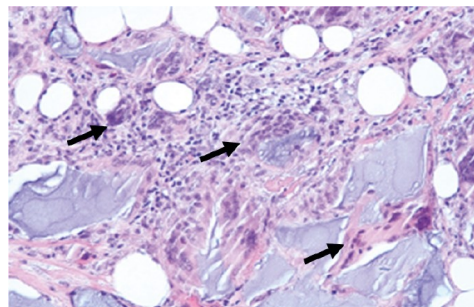


Figure- demonstrates a skin biopsy of the cheek showing basophilic deposits with multinucleated giant cells (grass, et al., 2000)- <https://doi.org/10.2340/00015555-3601>.

### Report:

All 3 specimens show similar histological appearances. Section includes squamous epithelium covered mucosa and separate deeper tissue containing salivary glands & some skeletal muscle. **Many non-caseating granulomata and foreign body type giant cells are noted**. There are abundant deposits of amorphous basophilic material of variable size and shape, both free in connective tissue stroma and surrounded by granulomata.

**Granulomata are seen to extend between smooth muscle bundles** in specimen C.

**No signs of dysplasia or malignancy**, but appearances of a **granulomatous reaction to basophilic material**.

**'If the patient has a history of hyaluronic acid/dermal filler use, this would account for appearances'**

**Outcome-** the patient confirmed **chin filler had been administered by a beautician 4 years ago**

## Treatment

1. **USC biopsy** - 3 lumps present of the lower lip- intra oral  
 - Described as **deep cartilaginous appearance** during procedure- **blunting scalpel** during removal  
 - **2 lumps excised** – right superior lump and left lump  
 - **1 lump incised** Inferior Lower right labial lump
2. **US neck staging scar**- assess lymph nodes of the neck

## Law and regulations:

UK the law and regulations mean that **only surgical procedures that require "surgical incision" needs to be carried out by a medical professional**.

Minimally invasive procedures such as use of dermal fillers can be administered by anyone. (Jo-Anne Taylor, 2022)

March 2022 a new amendment to the health and care bill was made for a new licencing scheme for non-surgical cosmetic procedures in England. This will mean any practitioners carrying out the procedures will need to meet an educational standard to be eligible for a licence. (Wise, 2022)

## References

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## Dermal Fillers

43% of UK adults asked consider non-surgical cosmetic procedures to be part of their normal beauty regime (BAAPS,2021) . Dermal fillers are used for **filling of rhytids and folds**, and the **replacement of soft tissue volume loss** due to disease and chronologic skin ageing.

Types	Biodegradable- gradually degrade and are resorbed by the body	Non- biodegradable- provoke a foreign body reaction in the skin that subsequently stimulates collagen deposition
Examples	Collagen, hyaluronic acid, calcium hydroxyapatite and poly-Llactic acid.	polymethylmethacrylate, polyalkylimide and silicone
Duration of effect	Collagen- 3-4 months (first invented filler) Hyaluronic acid—6-18months	Permanent effect

### Complications:

**Early-onset events** (up to days post-procedure):  
**Injection site reactions** e.g. discomfort, pain, redness, swelling, bruising Infection (usually staphylococcal and streptococcal) **Hypersensitivity reactions** (usually Type I)  
 Non-inflammatory nodules, contour irregularities, Skin discoloration, Tyndall effect, **Vascular occlusion**

**Late-onset** (weeks to years' post-procedure) events: **Malar oedema**, Persistent **discoloration**, **Hypersensitivity reactions** (usually Type IV), Infection (usually mycobacterial/biofilm-related), Inflammatory nodules and **foreign body granulomas** (0.02-0.04%), **Migration of filler material** (up to 3cm away from injection site)