PATCHY SENILE ELASTOMA OF THE LIP RESEMBLING LEUKOPLAKIA

G. H. FINDLAY, M.D., Section of Dermatology, Department of Medicine, University of Pretoria

In 1955 I was asked to see a 49-year-old spinster who was obsessed with an opalescent spot which she had on the external vermilion of the lower lip. There was no atrophy or epithelial change, and the nature of this solitary focal lesion was not clear to me. Histologically it consisted of an area of senile elastosis without any epidermal or other alteration (Fig. 1). It was interesting to note that whitening of the lip could result from elastosis alone,

Fig. 1 Section of lower lip showing elastoma between the epidermis and muscle. Weigert's elastic stain.

that the lesion could be a papular 'elastoma', and that no epithelial change or leukoplakia need occur with it.

Since then I have seen the same thing repeatedly, and also observed nodular senile elastomas of the cheek suggesting neoplasm. As a precancerous manifestation, lip elastosis is associated with loss of substance, chronic inflammation and a readily damaged horny layer, thick, thin or scaly. Whitening or leukoplakia is then epithelial. Whitening from dermal change alone is nevertheless seen at times in lichen sclerosus, though whitening on the lip or vulva usually comes from a thick and sodden horny layer, a thick Malpighian layer, or both. Whitening from an increased granular layer is a poorly substantiated possibility. Senile elastosis on the open skin tends to look yellow, perhaps from the liberation of fluorescent pigments² or lipids, though in my experience lipids are colourless. Perhaps the incident-light microscope may contribute in the study of these dermal colour changes.³

Elastic tissue and elastomas have interested a number of workers in this country, and it may be of value to note at least a few of the contributions. Pepler and Brandt⁴ and the present writer⁵ have investigated the staining and enzymatic dissolution of elasti tissue. Sacks⁶ has also reported work on the same topic. Although the derivation of senile elastosis from elastic tissue was held by myself and recently supported by Braun-Falco in Germany,⁷ Gillman in Durban has taken the view that its parent substance is collagen.^{8,9} Marshall and Lurie¹⁰ have contributed to our knowledge of another kind of focal elastoma, while Loewenthal¹¹ has studied the changes in certain rare varieties of connective-tissue naevus.

REFERENCES

- Schuermann, H. (1955): Krankheiten der Mundschleimhaut und der Lippen, p. 131. Berlin: Urban and Schwarzenberg.
- Loomeijer, F. J. (1958): Nature, 182, 182.
- 3. Oettlé, A. G. (1959): S. Afr. Med. J., 33, 327.
- 4. Pepler, W. J. and Brandt, F. A. (1954): Brit. J. Exp. Path., 35, 41.
- 5. Findlay, G. H. (1954): Brit. J. Derm., 66, 16.
- 6. Sacks, N. (1954): S. Afr. J. Med. Sci., 19, 113.
- Braun-Falco, O. and Salfeld, K. (1957): Bull. Soc. frang. Derm. Syph., 64, 586.
- Gillman, T., Penn, J., Bronks, D. and Roux, M. (1955): Arch. Path., 59, 733.
- Gillman, T., Hathorn, M. and Penn, J. in Tunbridge, R. E., ed. (1957): Connective Tissue Symposium. Oxford: Blackwell Scientific Publications.
- Marshall, J. and Lurie, H. I. (1957): Brit. J. Derm., 69, 315.
 Loewenthal, L. J. A. (1957): Dermatologica (Basel), 114, 81.