

Blepharochalasis with Double Lip

A 23-year-old female presented with laxity of upper eyelids and mucosa of both lips. Upon pulling the lower lip down, a horizontal sulcus was noticed, giving the appearance of a double lip [Figure 1]. She had history of recurrent episodes of upper lid edema for the last 3 years, which gradually led to laxity of eyelids. A diagnosis of Ascher syndrome was made. Ascher syndrome is characterized by the presence of blepharochalasis, double lip, and non-toxic thyroid enlargement. However, thyroid enlargement is absent in 50–90% of cases,^[1] as



Figure 1: Blepharochalasis and horizontal sulcus over the lower lip, giving the appearance of the double lip

in our current case. Oral and topical immunosuppressives, antihistamines, and anti-inflammatory agents are not useful in the acute attacks or disease course of Ascher syndrome.^[2] Therefore, the management of this syndrome involves surgical correction of blepharochalasis after cessation of recurrent eyelid edema episodes.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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