Calibre persistent artery of the lip: an underdiagnosed entity?

Voth first used the term “calibre persistent artery” in 1962 to describe abnormal vessels in the stomach wall. This term was applied to a primary arterial branch providing blood to the stomach wall, which ascended without further reduction of calibre into the submucosa. Similar lesions have been described in the jejunum and both can result in fatal gastrointestinal haemorrhage. In the stomach and jejunum, these lesions also have attracted different names including “culceratio simplex Dieulafoy”, cirrhotic aneurysm, and submucosal arterial malformation, but all describe an aberrant superficial artery in the submucosa.

Calibre persistent artery specifically of the lip was first described by Miko et al in 1980. The group described arteries with a diameter larger than normal, near a mucosal or external surface, which were similar to the lesions described in the gastrointestinal tract. There have been only two other reports of this entity on the lips. There have been five cases reported in total, predominantly occurring on the lower lip of elderly men, and presenting clinically as squamous cell carcinoma. Histologically, all five of the previously reported cases were ulcerated, inflamed lesions with aberrant vessels in the ulceration.

We present three further cases with a different clinical presentation, diagnosed in our department over an 18 month period, and discuss the relation to cutaneous cirrhotic aneurysm.

The first patient was a man of 36 who presented to the plastic surgeons with a lesion on his lower lip present for two to three years. This had been increasing in size over the previous year. Clinically, it was 3–4 mm and thought to be cystic, and the provisional diagnosis was that of mucous retention cyst. Histologically, all five of the previously reported cases were ulcerated, inflamed lesions with aberrant vessels in the ulceration.

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