

Macrocheilia Revealing Lepromatous Leprosy: A Case Report

F. Mohamed Sidi^{1*}, Y. Zemmez¹, R. Frikh¹, N. Hjira¹

¹Department of Dermatology-Venereology, Mohammed V Military Teaching Hospital, Rabat

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*Corresponding author: F. Mohamed Sidi

Department of Dermatology-Venereology, Mohammed V Military Teaching Hospital, Rabat

Abstract

Case Report

Lepromatous leprosy is a multibacillary form characterized by diffuse cutaneous and mucosal involvement. Isolated lip involvement presenting as macrocheilia is rare and may represent a diagnostic challenge. We report a case of progressive macrocheilia revealing lepromatous leprosy, confirmed by histopathology and bacteriology. This case highlights the importance of considering leprosy in chronic macrocheilia, especially in endemic areas.

Keywords: Macrocheilia, Lepromatous leprosy, *Mycobacterium leprae*, BAAR, Infiltrative cheilitis.

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INTRODUCTION

Leprosy is a chronic infectious disease caused by *Mycobacterium leprae*, primarily affecting the skin and peripheral nerves. The lepromatous form is characterized by diffuse infiltration and a high bacillary load. Mucosal involvement is possible but rarely inaugural. Macrocheilia is an unusual presentation that may delay diagnosis.

CASE REPORT

A female patient from an endemic area (Nouakchott) presented with progressive enlargement of the upper lip over several months, associated with weight loss. Clinical examination revealed diffuse macrocheilia, infiltration of the upper lip, brownish discoloration, fissures, and associated madarosis.

Investigations

Histopathology of a lip biopsy showed a diffuse macrophagic infiltrate with Virchow cells. Bacteriological examination revealed numerous acid-fast bacilli (AFB) on Ziehl-Neelsen staining, confirming lepromatous leprosy.

Differential Diagnosis

Differential diagnoses included Miescher granulomatous cheilitis, sarcoidosis, Crohn's disease, amyloidosis, and mucocutaneous leishmaniasis.

Treatment and Outcome

The patient received WHO-recommended multidrug therapy for multibacillary leprosy: rifampicin,

dapsone, and clofazimine for at least 12 months. Evolution was marked by slow regression with possible residual fibrosis.

DISCUSSION

Macrocheilia as a presenting sign of lepromatous leprosy is rare and misleading. It mimics other granulomatous conditions, making diagnosis difficult. Histopathology is essential for definitive diagnosis and early management to prevent sequelae.

CONCLUSION

Chronic macrocheilia should raise suspicion of leprosy in endemic regions. Early diagnosis based on biopsy is crucial to prevent irreversible complications.

REFERENCES

1. World Health Organization. Guidelines for the diagnosis, treatment and prevention of leprosy. WHO; 2018.
2. Scollard DM, Adams LB, Gillis TP, *et al.*, The continuing challenges of leprosy. *Clin Microbiol Rev.* 2006;19(2):338–381.
3. Lockwood DNJ, Suneetha S. Leprosy: too complex a disease for a simple elimination paradigm. *Bull World Health Organ.* 2005; 83:230–235.
4. Ridley DS, Jopling WH. Classification of leprosy according to immunity. *Int J Lepr.* 1966; 34:255–273.
5. Kumar B, Dogra S. Case definitions and clinical types of leprosy. *Indian J Dermatol Venereol Leprol.* 2009; 75:39–47.