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Eczematous Cheilitis in an Adolescent Girl and Menstrual Dysfunction: A Case Report of Individualized Homeopathic Management

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ABSTRACT

Background

Cheilitis is an inflammatory disorder of the lips with a broad differential diagnosis, including irritant and allergic contact cheilitis, atopic cheilitis, infectious causes, nutritional deficiencies and cheilitis associated with systemic dermatoses. Clinical differentiation can be challenging because several etiologies produce similar findings such as dryness, fissuring, scaling, irritation and bleeding.

Case Presentation

A 15-year-old female student presented with a one-month history of irregular cuts, fissures, flaky skin and dryness of both lips, accompanied by mild itching and occasional blood oozing from the cracks. Tiny eruptions were also present over the chin. The initial clinical impression recorded was lip atopic dermatitis with a differential diagnosis of eczematous cheilitis.

The patient had a history suggestive of menstrual and androgen-related abnormalities, including polycystic ovary syndrome documented since menarche, acne over the forehead and chin, unwanted hair growth over the chin and upper lip, early greying and a history of prolonged, profuse menstrual bleeding at menarche. Her menstrual cycles subsequently became regular during follow-up. She also reported irritability, anger over trivial matters, stubbornness, low self-confidence, stage fear, nervousness and anticipatory anxiety.

Intervention and Outcome

The case was individualized using physical generals, mental characteristics and repertorial analysis. The repertorization included symptoms such as sensitivity, lack of self-confidence, timidity, anticipation, confusion and irritability. Silicea was subsequently selected based on the documented constitutional picture, particularly the combination of timidity, stage/performance-related fear and sweating of the palms and soles.

Follow-up demonstrated progressive improvement in lip fissuring and dryness. By June 2026, the cracks and fissures were reported to be much better, with no oozing. Similar improvement was documented in July and August 2026. Menstrual cycles were also reported as regular during the later follow-ups.

Conclusion

This case illustrates the longitudinal documentation of an adolescent with fissured cheilitis and concurrent menstrual and hyperandrogenic features during individualized homeopathic care. The case highlights the importance of detailed symptom characterization and longitudinal follow-up. However, because this is an uncontrolled single case with incomplete diagnostic investigations and concurrent clinical management, the observed improvement cannot establish a causal therapeutic effect.

Keywords: Eczematous cheilitis; adolescent; lip fissures; atopic dermatitis; PCOS; Silicea; homeopathy; case report.

1. Introduction

Cheilitis refers to inflammation involving the lips and may present with dryness, erythema, scaling, fissuring, crusting, burning, itching or bleeding. Its etiological spectrum is broad and includes irritant contact dermatitis, allergic contact dermatitis, atopic cheilitis, actinic cheilitis, infection, nutritional deficiency, drug-induced disease and several systemic or inflammatory dermatoses.

Eczematous cheilitis can be endogenous or exogenous. In children and adolescents, an atopic background may contribute to lip involvement, while allergic contact reactions should also be considered. Common contact allergens reported in pediatric and adolescent cheilitis include fragrances and other ingredients in personal-care products. Patch testing may be useful when allergic contact cheilitis is suspected.

The present case is of interest because the lip complaint occurred in an adolescent with additional clinical features including acne, unwanted facial hair, menstrual dysfunction and a documented diagnosis of PCOS. The case also contains a detailed constitutional and mental assessment that was used for individualized homeopathic prescribing.

The case is presented according to the principles of transparent case reporting recommended by the CARE framework.

2. Patient Information

2.1 Demographic Characteristics

Parameter	Details
Age	15 years
Sex	Female
Occupation	Student, 9th standard
Primary complaint	Lip fissuring, dryness and flaky skin
Duration	Approximately 1 month
Associated complaint	Tiny eruptions over chin
Clinical impression	Lip atopic dermatitis / ? eczematous cheilitis

3. Chief Complaint

The patient presented with irregular cuts, fissures, flaky skin and dryness of the lips for approximately one month. Associated symptoms included mild itching, occasional blood oozing from cracks, and tiny eruptions over the chin. No definite aggravating factor was identified.

4. History of Present Illness

The lip problem had developed approximately one month before the initial consultation. The patient described:

- Location: both lips
- Morphology: irregular cuts, fissures, flaky skin, dryness, tiny eruptions over the chin
- Sensation: mild itching
- Discharge: blood occasionally appeared when fissures cracked

No definite aggravating or ameliorating factor was identified in the supplied record.

5. Associated Dermatological Features

The patient also reported acne over the forehead and chin, unwanted hair growth over the chin and upper lip, and early greying of hair. Hair fall was reported as absent.

6. Menstrual and Endocrine History

The patient attained menarche at approximately 13 years of age. The initial menstrual history was significant for profuse bleeding, prolonged bleeding, continuous bleeding for approximately two months, and fainting associated with the heavy/prolonged bleeding. The record subsequently documented PCOS since menarche. During follow-up, menstrual cycles became regular.

A later ultrasound was documented as showing a normal-sized uterus, endometrial thickness of 5.9 mm, PCOS and non-ovulatory cycles.

Important Scientific Qualification

Because the patient is an adolescent, PCOS diagnosis requires particular caution. Current international guidance recommends that adolescent PCOS diagnosis be based on both persistent menstrual/ovulatory dysfunction and clinical or biochemical hyperandrogenism, after exclusion of mimicking conditions; pelvic ultrasound and AMH are not recommended for diagnosis in adolescents because of poor specificity.

Therefore, in this publication, the finding is described as: "PCOS was documented in the clinical record, with associated menstrual dysfunction and clinical features of hyperandrogenism," rather than presenting the ultrasound finding alone as diagnostic proof of PCOS.

7. Past History

Past history included dengue and typhoid, both in 2021–2022. No other significant past medical history was provided.

8. Family History

Father: hypertension. Mother: hirsutism and migraine. The maternal history of hirsutism is relevant to the patient's clinical presentation of unwanted facial hair.

9. Physical Generals

Parameter	Finding
Appetite	Normal
Meals	Irregular
Thirst	Approximately 2 L/day
Cravings	Spicy food, ice
Thermal state	Hot
Bowel	Hard stool; requires time
Perspiration	Palms, soles, upper lip and forehead
Urinary symptoms	Not reported
Sleep	Not specifically characterized in supplied initial record

The combination of sweating over the palms and soles was subsequently emphasized in the constitutional assessment.

10. Mental Generals

The patient's mental profile was progressively elaborated during follow-up.

Emotional characteristics

- Irritable
- Anger over small/trivial matters
- Stubborn
- Impatient
- Sensitive
- Nervous

Confidence-related characteristics

- Lack of self-confidence
- Fear of stage performance
- Fear of public speaking
- Timidity
- Anticipatory anxiety

Behavioural characteristics

- Yielding
- Can become stubborn
- Nervous in performance-related situations

The August 2026 follow-up specifically documented lack of self-confidence, fear of stage performance/public speaking, stubborn nature, anxiety, worrying about health and looks, timidity, yielding and impatience.

11. Clinical Examination

The supplied case documentation described:

- Lips: dryness, fissures, irregular cuts, flaky skin, occasional bleeding from cracks
- Chin: tiny eruptions
- Other associated findings: acne over forehead and chin, unwanted facial hair over chin and upper lip, early greying

No hair loss was reported.

12. Diagnostic Assessment

Working diagnosis: lip atopic dermatitis / ? eczematous cheilitis. The supplied record did not establish a definitive etiological diagnosis.

The differential diagnosis for fissured cheilitis includes:

- Irritant contact cheilitis
- Allergic contact cheilitis
- Atopic cheilitis
- Infective cheilitis
- Nutritional deficiency
- Drug-related cheilitis
- Actinic cheilitis
- Other inflammatory dermatoses

Because the clinical appearance of several types of cheilitis overlaps, etiological confirmation may require detailed exposure history, examination and, where indicated, investigations such as patch testing.

13. Diagnostic Considerations

The patient had no documented history of a new topical lip product, cosmetic, toothpaste, food exposure or other definite trigger. Therefore, allergic or irritant contact cheilitis cannot be excluded from the supplied information. This is particularly important in an adolescent with lip disease because contact allergens in cosmetics and personal-care products are recognized causes of cheilitis.

The case record did not document patch testing, serum nutritional evaluation, vitamin B12/folate/iron studies, microbiological testing or lip biopsy. Consequently, these should not be retrospectively claimed as having been performed.

14. Repertorial Analysis

The repertorial chart supplied with the case included the following principal mental symptoms:

1. Mind — Sensitive
2. Mind — Confidence — want of self-confidence
3. Mind — Timidity
4. Mind — Confusion of mind
5. Mind — Anticipation
6. Mind — Irritability

The repertorization showed several remedies covering these symptoms, with Silicea among the leading remedies. The constitutional picture was subsequently refined through follow-up questioning.

Remedies	sil.	puls.	bar-c.	lyc.	calc.	gels.	nat-m.	nux-v.	bry.	carb-v.	nat-c.	petr.	phos.	plb.	sep.	sulph.	anac.	arg-n.	graph.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Symptoms Covered	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
Intensity	19	17	16	16	15	14	14	14	13	13	13	13	13	13	13	13	12	12	12
Result	6/19	6/17	6/16	6/16	6/15	6/14	6/14	6/14	6/13	6/13	6/13	6/13	6/13	6/13	6/13	6/13	6/12	6/12	6/12
Clipboard 3																			
MIND - SENSITIVE	3	3	2	3	2	3	3	3	1	2	2	1	3	3	2	3	3	3	1
MIND - CONFIDENCE - want of self-confidence	3	2	4	2	1	1	2	2	2	1	1	2	1	1	1	1	3	1	1
MIND - TIMIDITY	4	4	4	3	3	3	2	2	3	2	3	3	3	3	3	3	1	1	2
MIND - CONFUSION of mind	3	2	2	2	3	2	3	3	3	3	2	3	2	2	3	2	2	2	2
MIND - ANTICIPATION	3	3	2	3	3	3	1	1	1	2	2	1	1	3	1	1	1	3	3
MIND - IRRITABILITY	3	3	2	3	3	2	3	3	3	3	3	3	3	1	3	3	2	2	3

Figure 1. Repertorial analysis chart.

15. Individualization of the Case

The prescription was not based only on the local lip complaint. The individualizing features documented were:

Mental

- Timidity
- Lack of self-confidence
- Stage fear
- Fear of public speaking
- Anticipatory anxiety
- Sensitivity
- Irritability
- Stubbornness

Physical

- Sweating of palms
- Sweating of soles
- Sweating of upper lip
- Sweating of forehead
- Hot thermal state
- Hard stool
- Desire for spicy food
- Desire for ice

The case therefore represented a combination of local pathology, characteristic mental symptoms and physical generals.

16. Homeopathic Treatment Plan

Category	Remedy	Basis documented in case
Constitutional	Silicea	Timidity, lack of self-confidence, stage/public-speaking fear, sweating of palms and soles
Acute	Not separately documented	—
Intercurrent	Not documented	—

The supplied record specifically states: "Silicea — timid, sweat on sole and palm." The exact potency, dose, repetition schedule and dates of administration are not sufficiently documented in the supplied material and therefore should not be invented in the manuscript.

17. Follow-up

12 June 2026

At follow-up: lip cracks and fissures were much better, oozing was nil, and dryness was better. The patient was also reviewed for the associated PCOS/menstrual concern. Ultrasound was documented as normal-sized uterus, endometrium 5.9 mm, PCOS, non-ovulatory cycles. Menstrual flow was reported as regular and scanty at this visit.

30 July 2026

At subsequent follow-up: lip cracks/fissures remained much better, oozing remained absent, dryness remained improved, and menstrual cycles were reported as regular.

12 August 2026

At the latest documented follow-up: lip complaint remained improved and menstrual cycles remained regular (29 June 2026: normal flow for 5 days; 30 July 2026: normal flow for 5 days).

The constitutional assessment was further documented: lack of self-confidence, stage-performance/public-speaking fear, stubbornness, anxiety, worry about health and appearance, timidity, yielding nature and impatience, with sweating of palms, upper lip and forehead. The record again documented: "Silicea — timid; sweating of sole and palm."

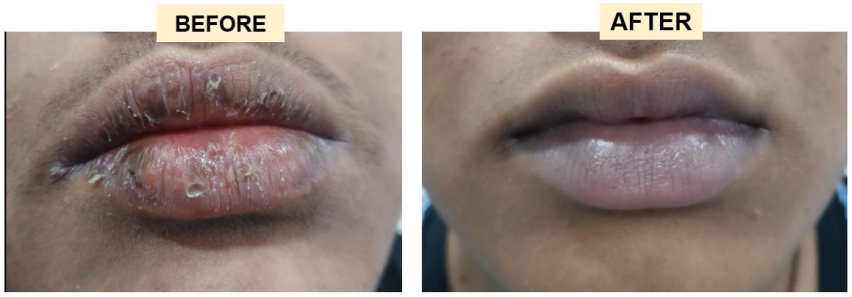

Figure 2. Clinical photographs of the lips — before and after treatment.

18. Timeline

Date	Clinical status
Initial presentation	Lip fissures, irregular cuts, flaky/dry skin, mild itching, occasional blood oozing; tiny chin eruptions
13/05/2026	Follow-up recorded
31/05/2026	Follow-up recorded
12/06/2026	Lip fissures/cracks much better; no oozing; dryness improved
17/07/2026	Follow-up recorded
30/07/2026	Lip fissures remain much better; no oozing; dryness improved; menses regular
12/08/2026	Continued skin improvement; regular menstrual cycles; constitutional features further documented

19. Outcome Measures

Because no validated cheilitis severity score was documented, the outcome was assessed clinically from the available records.

Parameter	Baseline	June 2026	July–August 2026
Lip fissures	Present	Much better	Remained improved
Irregular cuts	Present	Improved	Improved
Dryness	Present	Better	Better
Flaking	Present	Improved	Improved
Itching	Mild	Not reported as problematic	Not reported
Blood oozing	Sometimes	Nil	Nil
Chin eruptions	Present	Not specifically quantified	Not specifically quantified
Menstrual regularity	History of significant dysfunction	Regular	Regular

20. Clinical Course

The longitudinal clinical course can be summarized as: lip dryness, fissuring and flaky skin → mild itching and occasional bleeding → individualized constitutional assessment → Silicea selected based on constitutional features → fissures and dryness improved → oozing became absent → improvement maintained through July–August 2026. At the same time, menstrual regularity was documented during follow-up.

21. Discussion

This case presents an adolescent with a short-duration episode of fissured and flaky lip dermatitis clinically considered to represent atopic dermatitis of the lips versus eczematous cheilitis.

The clinical appearance of cheilitis is nonspecific. Dryness, fissuring, scaling, irritation and bleeding may occur in multiple forms of cheilitis, making etiological differentiation important.

Contact dermatitis is particularly relevant in adolescents. Published pediatric data demonstrate that allergic contact cheilitis may be associated with ingredients found in fragrances, cosmetics, oral-care products and other personal-care products.

In this case, however, no definite contact trigger was identified in the supplied record, and patch testing was not documented. Therefore, the condition should not be described as definitively atopic or eczematous without qualification.

The second clinically relevant component was the patient's menstrual and androgenic profile. She had acne, unwanted facial hair and a history of menstrual dysfunction. Current international adolescent PCOS recommendations emphasize that diagnosis in adolescents requires particular care because normal pubertal changes can overlap with PCOS features. The 2023 guideline recommends both ovulatory dysfunction and clinical/biochemical hyperandrogenism for adolescent diagnosis, while ultrasound morphology should not be used for diagnosis in adolescents.

In the present case, clinical hyperandrogenic features were documented through unwanted facial hair and acne, while the record also described menstrual dysfunction. However, biochemical androgen measurements were not supplied. Consequently, the documented clinical diagnosis/history of PCOS is reported without overstating diagnostic certainty.

Rationale for Individualized Homeopathic Prescription

The repertorial approach incorporated both local and constitutional information. The local complaint alone consisted mainly of dry lips, fissuring, flaking, mild itching and occasional bleeding. However, the constitutional assessment

identified more characteristic symptoms: timidity, lack of self-confidence, stage fear, fear of public speaking, anticipation, sensitivity, irritability and palmar/plantar sweating.

The supplied repertorization demonstrated coverage of these mental characteristics by several remedies, with Silicea selected clinically based particularly on the documented combination of timidity and sweating of the palms/soles.

Thus, the prescribing rationale recorded in the case was: characteristic mental generals and physical generals leading to constitutional individualization and selection of Silicea. This is presented as the clinical rationale used by the treating physician, rather than as an externally validated mechanism of action.

Relationship Between Skin and PCOS Features

An important feature of the case is the coexistence of acne, facial hair growth, menstrual irregularity/history of prolonged bleeding, documented PCOS and lip dermatitis. However, the available information does not establish that the lip condition was caused by PCOS. The two clinical problems should therefore be reported as coexisting conditions, rather than assuming a causal relationship. This distinction is important for scientific credibility.

22. Strengths of the Case

1. Adolescent patient with clearly documented clinical presentation.
2. Detailed description of lip morphology.
3. Mental and physical generals were documented.
4. Repertorial analysis was available.
5. Constitutional rationale for prescription was documented.
6. Multiple follow-up assessments were available.
7. Improvement in fissuring, dryness and oozing was recorded.
8. Menstrual status was followed longitudinally.
9. The case demonstrates the treating physician's individualized prescribing process.

23. Conclusion

This case describes a 15-year-old adolescent with fissured, dry and flaky lips clinically considered to represent lip atopic dermatitis versus eczematous cheilitis, occurring alongside acne, unwanted facial hair and menstrual dysfunction with a documented history of PCOS.

A detailed individualized assessment identified prominent constitutional characteristics including timidity, lack of self-confidence, stage fear, anticipation and palmar/plantar sweating, and Silicea was selected as the constitutional remedy according to the treating physician's repertorial analysis.

Progressive improvement in lip fissuring, dryness and oozing was documented over subsequent follow-ups, while menstrual cycles were also reported as regular. The case demonstrates the value of detailed longitudinal documentation but, as an uncontrolled single case with incomplete etiological investigations and incomplete treatment-dose documentation, it does not establish a causal relationship between homeopathic treatment and the observed outcomes.

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