The skin has 3 basic layers: epidermis, dermis and subcutaneous fat. The dermis layer contains lymphatic channels.

Orofacial granulomatosis (OFG) occurs when inflammation clogs the lymphatic system, the lymph channels become engorged and the hydrostatic pressure bloats the surrounding dermis. OFG presents with edematous skin. On a microscopic level, there is mixed perivascular inflammation with histiocytes often forming non-caseating granulomas that may be seen as intralymphatic granulomas within the dilated lymphatic channels.

OFG is an umbrella term that encompasses primary and secondary causes of this histopathologic finding.

- Melkersson-Rosenthal syndrome (MRS)
- Granulomatous cheilitis (Miecher)
- Monosymptomatic / oligosymptomatic MRS
- Crohn’s disease
- Tuberculosis
- Sarcoïdosis
- Tooth-associated (or other) infection
- Rosacea/Solid facial edema
- Allergy

Many treatments have been tried for the treatment of primary periocular OFG. Not all are shown in this table.

Intralesional steroids (19/19; 100%), surgical debulking (17/18; 94.4%) and systemic steroids (13/18; 72.2%) showed the best evidence for treatment success. Clofazimine (2/3; 66.6%) showed promise but numbers were limited.

Although these treatments helped, there was relapse in nearly all cases when treatment was stopped completely. Many patients received ongoing intralesional steroids.

Primary periocular OFG is rare and a cure remains elusive. Surgical debulking with intralesional steroids, and ongoing intralesional steroid injections, may be a good management strategy that limits systemic side effects.