



## LETTER TO THE EDITOR

### Oral mucocele a case report

Oral mukosel: olgu sunumu

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To The Editor,

Mucocele is a pathology in the oral cavity and especially found on labial mucosa. It is commonly seen in the younger population peaking in the 10–20-year age group. In most cases the patient will give a positive history of recent trauma caused due to lip biting. The clinical picture will be of a soft, clear swelling with a bluish colour. The size can vary from a few mm to few centimetres at times. A diagnosis can be reached many times just on the basis of a proper history and the clinical features alone. This report depicts the successful management of a case of mucocele which in turn would assist the dental practitioner for diagnosing and managing this condition.

Mucocele are histologically seen as cavities which are mucous filled, which can clinically appear in the oral cavity and other areas such as appendix, gallbladder, paranasal sinuses, and lacrimal sac. The most commonly affected site is the lower labial mucosa. Another common site is the floor of the mouth. It is called ranula when it occurs in the floor of the mouth. It can also occur on the cheek, tongue, and palate<sup>1,2</sup>. The term mucocele is derived from a Latin word, mucus and cocele means cavity<sup>3</sup>. Mucocele results from the accumulation of liquid or mucoid material due to a rupture or block in the ductal architecture of the minor salivary gland which causes limited swelling<sup>4</sup>. Two types of mucocele can appear in the oral cavity, namely, extravasation and retention type. In children, extravasation mucoceles are common

and retention type of mucoceles are very rarely found<sup>5</sup>. Clinical appearance of both extravasation and retention mucoceles is similar. Mucoceles present as bluish, soft, and transparent cystic swelling that frequently resolve spontaneously. Blue colour is due to vascular congestion, cyanosis of the tissue above, and accumulation of fluid below<sup>6</sup>.

In our case, a healthy looking 34-year-old male patient visited our Outpatient Department with the chief complaint of a nodular growth in his lower lip. On eliciting the history, the patient said that he had observed the swelling from the past one month and that it had slowly enlarged to the present size. The swelling was asymptomatic and did not cause any pain to the patient. The patient also gave a history of keeping tobacco in the same region and a history of trauma to lower lip while eating.

On examination an extraoral swelling was noticed with lower lip region 15mm in size with normal appearing overlying skin, soft to firm in consistency and non-tender on palpation. On intra oral examination the swelling was noticed on the lower labial mucosa with overlying skin appearing pale pink in colour and approximately 1.5 cm in diameter. On bi-digital palpation the swelling appeared soft to firm in consistency, non-tender and was slipping between the fingers. Tobacco associated stains were also noticed on the teeth. Based on history and clinical examination we arrived at a clinical diagnosis of matured mucocele and listed differential diagnosis of benign fibroma and irritational fibroma. Patient was

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not suffering from any systemic disorders on eliciting medical history. Patient was counselled for tobacco cessation. It was decided to do routine blood investigation like complete blood count, bleeding time, clotting time, and random blood sugar levels to check for his fitness for excisional biopsy. No radiological investigations were performed considering its limited role in diagnosing soft tissue pathologies of lip region.<sup>5</sup> Ultrasonography or Magnetic Resonance Imaging could have been performed, but looking at obvious history of trauma, clinical examination findings and nature of lesion we

decided not to go for any advanced imaging modalities considering about the unnecessary financial burden on patient. All the blood parameters were within normal limits, hence we decided to go for surgical excision of the lesion. With the help of No. 15 BP blade, under local infiltration anaesthesia with 2% lignocaine with adrenaline incision was taken just medial to the lesion. The nodular growth was swept through the incision area without damaging the integrity of the lesion. The stem of the lesion was separated from the underlying mucosa with the help of tissue forceps and chucked off from the base.



Fig.1. Extra oral appearance



Fig. 2. Intra oral appearance



Fig.3. Surgical Exposure of lesion



Fig.4. Excised sample in 10% Formalin

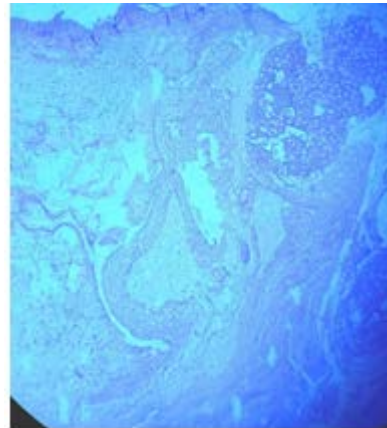


Fig.5. Histopathological appearance

The intact sample was transferred to 10 % Formalin bulb for preserving and transportation to histopathology laboratory. The Histopathology section was prepared, and Haematoxylin & Eosin staining revealed discontinuous cystic lined by compressed connective tissue wall. There was presence of abundance fibrous connective tissue.

Cystic cavity showed little extravasated mucous material containing muciphages. Connective tissue wall was infiltrated with chronic inflammatory cells. It also showed minor salivary glands. The histopathology picture along with clinical features suggested Mucocele.

Mucocele are benign and their nature is self-limiting. The clinical features provide the diagnosis and histopathological findings give a definitive diagnosis. There is limited role of radiology in diagnosing the soft tissue condition unless it is sialolith or ectopic salivary gland pathology involving jaw<sup>7</sup>. The lesion arises almost always arises after habitual lip biting and trauma. The treatment of mucocele is complete excision, and recurrence occurs if the lesion removed incompletely. The excised tissue must be submitted promptly to the oral pathologist to rule out the salivary gland tumors<sup>8</sup>. Lastly the patient should also be informed about the benign nature of the lesion. In conclusion just by a thorough history & clinical examination, laborious and expensive investigations like Computed tomography, Magnetic resonance imaging, Ultrasonography can be avoided which is financially and health wise taxing to the patients.

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