



World Scientific News

An International Scientific Journal

WSN 94(2) (2018) 305-307

EISSN 2392-2192

SHORT COMMUNICATION

Mucocele – A benign lesion of accessory salivary gland

**Dewan Chengappa¹, Nayak S. Vijayendranath^{2,*}, Raghavendra Kini²,
Kumar Rao J. Prasanna², Vishal Kumar Boricha³, Manjunath Rai³**

¹Institute of Dental Sciences, Kuntikana, Mangaluru, Karnataka, India

²Department of Oral Medicine and Radiology, A.J .Institute of Dental Sciences,
Kuntikana, Mangaluru, Karnataka, India

³Department of Oral and Maxillofacial Surgery, A. J. Institute Dental Sciences,
Kuntikana, Mangaluru, Karnataka, India

*E-mail address: drnayakomr@gmail.com

*Tel: +918197588777

ABSTRACT

Mucoceles are the most common soft tissue lesions seen in the oral cavity. They usually occur due to injury to the minor salivary glands. Spontaneous regression of mucocele can happen if its superficial or else surgical excision is recommended. Herein we report a case of oral mucocele of lower labial mucosa.

Keywords: Diagnosis, excision, lower lip, minor salivary glands, mucocele

CASE REPORT

A 21 year old male patient reported to the department of oral medicine and radiology with a complaint of growth in the lower lip since 1 month. Past medical and dental history

was not significant. Patient gives no history of deleterious habits. Intraoral examination revealed a solitary soft, oval, sessile, and painless nodule measuring about 0.5 cm in diameter which was pale pink in color with areas of redness (Figure 1). Retained deciduous mandibular incisors were present. A provisional diagnosis of Mucocele of lower labial mucosa was given. Patient was referred to the department of oral medicine and radiology for the needful.



Figure 1. Mucocele of lower labial mucosa.

DISCUSSION

Oral mucoceles are benign soft tissue masses and are clinically characterized by single or multiple, painless, soft, smooth, spherical, translucent, fluctuant nodule, which is usually asymptomatic. ¹The etiology of mucoceles is obscure. Trauma and obstruction of salivary gland ducts are considered crucial factors. ²The incidence of mucoceles in the general population is 0.4–0.9%. There is no gender predilection. ³Two 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. ⁴Mucoceleles are usually asymptomatic but sometimes can cause discomfort by interfering with speech, chewing, or swallowing. In our reported case the lesion was caused due to trauma from the sharp retained deciduous incisors. Treatment options include surgical excision, marsupialization, Micromarsupialization, cryosurgery, laser vaporization, and laser excision. ^{5,6}

CONCLUSION

Trauma being the main cause for oral mucocele, correction of occlusion in order to prevent the minor salivary gland from injury remains to be the area of primary concern. Hence it's a simplest oral lesion but with high prevalence. Advancement in lasers technology have given good results. It's necessary to decide the treatment of choice, so the best results and can be achieved.

References

- [1] Hayashida AM, Zerbinatti DC, Balducci I, Cabral LA, Almeida JD. Mucus extravasation and retention phenomena: A 24-year study. *BMC Oral Health*. 2010, 10, 15.
- [2] López-Jornet P, Bermejo-Fenoll A. Point of care: What is the most appropriate treatment for salivary mucoceles? Which is the best technique for this treatment? *J Can Dent Assoc*. 2004, 70, 484–5.
- [3] Rao PK, Hegde D, Shetty SR, Chatra L, Shenai P. Oral Mucocele – Diagnosis and Management. *J Dent Med Med Sci*. 2012 Nov, 2, 26–30.
- [4] Bodner L, Manor E, Joshua BZ, Shaco-Levy R. Oral Mucoceles in Children – Analysis of 56 New Cases. *Pediatr Dermatol*. 2015, 32, 647–50.
- [5] Laller S, Saini RS, Malik M, Jain R. An Appraisal of Oral Mucous Extravasation cyst case with Mini Review. *J Adv Med Dent Sci Res*. 2014, 2, 166–70.
- [6] Sukhtankar LV, Mahajan B, Agarwal P. Treatment of lower lip Mucocele with Diode Laser – A Novel Approach. *Ann Dent Res*. 2013, 2(Suppl 1), 102–8.