



MUCOCELE ON THE LOWER LIP: CASE REPORT

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ABSTRACT

Mucocele is a common lesion affecting the minor salivary glands in the lips, tongue, floor of the mouth and buccal mucosa. It usually affects children and young adults. The transparent cystic swelling is bluish in colour and soft in consistency. It is of traumatic origin, formed when the main duct of salivary gland is torn, with subsequent extravasation of mucous into the fibrous connective tissue so that a cyst like cavity is produced. We report a case of mucocele on the lower lip treated by surgical excision.

KEYWORDS : salivary glands, mucous, extravasation

Introduction

The term Mucocele is derived from (Mouco-mucus and coele-cavity) ,are cavities filled with mucus[1,2]. Mucoceles are traumatic in origin . They are most commonly found in the lower lip lateral to the midline [2].Mucocele is of two types, extravasation and retention. Extravasation Mucocele results from severance of salivary gland duct and the consequent spillage of mucin into the soft tissues around the gland. Retention Mucocele occur due to decrease or absence of glandular secretion produced by the blockage of the salivary gland ducts [3]. A Mucocele usually appears as an asymptomatic fluctuant and movable swelling with a normal or bluish color with a diameter that may range from a few millimeters to centimeters [4]. This article describes a case report of Mucocele on lower lip treated by surgical excision.

CASE REPORT

A 28 year old male patient reported to our dental clinic with a chief complaint of painless swelling in the lower lip region since 3 weeks .The swelling was initially small in size and gradually increased to attain the present size. Intra oral examination revealed a soft asymptomatic nodule on the lower right labial mucosa.(Figure.1) Swelling was 2–3 mm below the vermilion border of the lower lip and extending inferiorly toward the lingual vestibule, measuring approximately 1–2 cm. Colour of the swelling was the same as that of the adjacent mucosa. The lesion was diagnosed as a mucocele based on the clinical features and history of lip biting habit. Excision of the mucocele from the base was done (Figure. 2) surgical site was irrigated with povidone iodine and saline solution and primarily closed with silk sutures(Figure.3). The specimen was sent for histopathological examination.

Histopathology

Microscopically the section showed inflamed fibrovascular connective tissue exhibiting pale eosinophilic extravasated mucin with associated dense chronic inflammatory cells predominantly lymphocytes, macrophages and mucinophages. The connective tissue also shows areas of ductal cell proliferation Minor salivary gland acini, muscle fibres, vascular spaces, extravasated rbc and nerve fibres were also seen microscopically (Figure.4).

DISCUSSION

Mucocele is a self limiting mucous containing cyst of the salivary glands with relatively rapid onset and fluctuating size. According to Dent *et al.*, mechanical trauma to the ducts of the salivary glands causes rupture of the ducts which is followed by the extravasation of mucin in the connective tissue and is called as mucus extravasation phenomenon. When mucus is retained in the duct of the salivary glands as a result of obstruction, it is referred to as mucus retention phenomenon[4]. Lip contains adipose, connective tissue, blood vessels, nerves and salivary glands, and hence, pathology of any of

these tissues can produce swelling on the lips[5].

Clinically there is no difference between extravasation and retention type of mucoceles. When this mucocele is located in floor of the mouth it appears as the underbelly of a frog, so it is called as ranula[6].

It seen equally in men and women. It is common in first three decade of life (Selim and Shea, 2007). The differential diagnosis which can be considered are Blandin and Nuhn mucocele, Benign or malignant salivary gland neoplasms, oral hemangioma, oral lymphangioma, Venous varix or venous lake, lipoma, soft irritation fibroma, oral lymphoepithelial cyst, gingival cyst in adults, soft tissue abscess, cysticercosis. Superficial mucocele may be confused with cicatricial pemphigoid, bullous lichen planus and minor aphthous ulcers[7].



Most acceptable treatment option considered is excision followed by careful dissection of adjacent minor salivary gland to prevent recurrence. Variability in these techniques depends upon the location, accessibility and size of the lesion[8].

Conclusion

Mucocele is the most common benign self-limiting condition easily diagnosed based on clinical appearance and accurate history. Trauma was the most common cause and majority of these lesions are seen in the lower lips. Majority of the cases can be diagnosed clinically however sometimes biopsy is required to rule out any other types of neoplasms. The treatment of choice is simple surgical excision.

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