PARIPEX - INDIAN JOURNAL OF RESEARCH | Volume - 12 | Issue - 05 | May - 2023 | PRINT ISSN No. 2250 - 1991 | DOI : 10.36106/paripex

# **ORIGINAL RESEARCH PAPER**

# MUCOCELE - A COMMON OCCURANCE IN LOWER LIP : A CASE REPORT

**KEY WORDS:** Fluid extravasation, Lower lip, Mucous

Dentistry

cyst, mucous retention

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H	Mucocele is a common benign lesion of the oral cavity that is usually caused by the rupture of a minor salivary gland duct.	

Although it can occur in any part of the oral cavity, the lower lip is the most common location. Here we present a case report of a 21-year-old male who presented with a painless swelling in the lower lip for the past 5 months. After a thorough clinical examination, a diagnosis of mucocele was confirmed. The lesion was surgically excised, and the patient was scheduled for follow up appointments to monitor his progress

## Introduction:

ABSTRA

Mucocele is a common lesion of the oral cavity that is caused by the accumulation of saliva in soft tissue, Mucoceles frequently develops between the age range of 15 to 24 years with a gender wise predilection being 52.2% in males and 47.8% in females, studies show that it commonly affects the lower lip (35.5%) followed by the ventral part of the tongue (24%) and it is less common in the floor of the mouth and palatal region , hence they are more common in children and young adults (1). They are usually caused by trauma or injury to a salivary gland or duct, which can cause the gland or duct to rupture or become blocked(2). This can lead to the accumulation of saliva and the formation of a mucocele(3,4). Mucoceles can also be caused by chronic irritation from braces, biting the lips or cheeks, or other oral habits (5). They are often seen in young individuals and may present as painless, fluctuant swellings with a bluish hue. Mucoceles can cause discomfort, functional disturbances, and cosmetic concerns for patients, necessitating proper diagnosis and appropriate management.

**Case Presentation:** A 21 year-old male presented to the Dental OPD with a chief complaint of a painless swelling in the lower lip for the past 5 months. Patient also reported that he has no history of trauma, but he has a habit of lip biting of lower lip. Upon examination, the patient had 0.5 mm swelling in the left side of the lower lip which is soft in consistency, non tender and bluish in colour with no signs of inflammation or discharge. Findings such as Generalised gingival bleeding along with gingival recession confirms that the patient also has a component of Generalised Gingivitis. Based on the above clinical findings such as frequent lip biting habits, and the location of the lesion being the lower lip, the lesion can be provisional diagnosed to be a mucocele.



Fig.1 Pre-op photograph showing mucocele in the left lowerlip region

Fig 2. shows Immediate post-op excision of mucocele

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Fig 3. Shows excision of mucocele



Treatment and Follow-up: The mucocele was surgically excised under local anaesthesia, and the patient was advised to avoid habitual lip biting and was given lip bumper appliance. The excised tissue was sent for further examination to rule out any malignancy. The patient was prescribed antibiotics and analgesics for postoperative care. The healing was uneventful, and there was no recurrence of the lesion during the 6-month follow-up period.

#### **Discussion:**

Mucocele is a common benign lesion of the oral cavity that can occur in any part of the oral cavity, with the lower lip being the most common location(6,7). The diagnosis is based on clinical examination and histopathological examination of the excised tissue(8,9). Management Options includes surgical excision particularly when they persist or cause significant discomfort to the patient(10,11). The surgical procedure involves complete removal of the cystic sac while preserving adjacent structures. Local anesthesia is commonly administered, and various techniques, such as scalpel or laser excision, can be employed based on the clinician's expertise and patient factors(12,13). Postoperative care includes instructions on oral hygiene, dietary modifications, and regular follow-up examinations to monitor healing and detect any potential complications(14). In the present case, the mucocele was surgically excised, and the patient had an uneventful recovery with no recurrence of the lesion during the follow-up period.

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Studies have shown that oral activities like lip biting and sucking are one of the causes of oral lesions including irritant fibromas and mucocele. If sialoliths are thought to be a contributing factor in the formation of oral and cervical ranulas, radiographic evaluation is required to rule them out. The mucus retention phenomenon is demonstrated by fine needle aspiration cytology. Protein content and high amylase levels could be shown by the chemical analysis. Computed tomography scanning and magnetic resonance imaging can be used to locate the lesion and identify its source. To make a good differential diagnosis, palpation can be useful. Cysts, mucoceles, abscesses, and hemangiomas fluctuate, whereas lipomas and tumours of small salivary glands do not. The standard course of treatment involves surgically removing the glandular and mucosal tissue beneath the muscular layer. The mucocele could be easily cut, allowing the content to drain out, but as soon as the wound healed, the lesion would return(15).

Treatment options include surgical excision and removal of the affected accessory salivary gland. Marsupialization will only cause repetition.

### **Conclusion:**

Mucoceles are a common benign lesion of the oral cavity that can present as a solitary or multiple lesions and can occur in any age group. More common in children and adults. The diagnosis is based on clinical examination and histopathological examination of the excised tissue. Treatment involves surgical excision, and the prognosis is generally excellent with a low recurrence rate if the underlying cause is addressed. Early intervention and patient education regarding prevention and management of traumatic events can contribute to favourable clinical outcomes and patient satisfaction.

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