

Mucocele of lip: A Case Report

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ABSTRACT

Mucocele is the common salivary gland disorder and the second most common benign soft tissue tumour in the oral cavity. It results from the accumulation of mucous secretion due to trauma and lip biting habits of minor salivary glands. They can appear anywhere in the oral cavity such as lip, cheeks and the floor of the mouth, but mainly appears in the lip. They can be Extravasation and Retention type on the basis of histological features. The most common location of extravasation mucocele is the lower lip. They most commonly affect young patients. Mucocele appears as bluish, transparent cystic swelling having history of bursting and collapsing.

Key Words: Mucocele, lower lip, minor salivary glands, mucous cysts

INTRODUCTION

Mucocele are defined as mucus filled cavities, which can appears in the oral cavity, appendix, gall bladder, paranasal sinuses, and lacrimal sac (1, 2). The term mucocele is derived from a Latin word, mucus and cocele means cavity (3). Mucocele is the 17th most common salivary gland lesions seen in the oral cavity (4). They are mostly subdivided into two types: 1. Mucus extravasation type, which is regarded as being a result of trauma like lip biting. 11. Mucus retention type, which results from the obstruction of the duct of a minor salivary gland (1, 5). They results of accumulation of mucus; which causes limited swelling characterized by a rounded, well circumscribed, transparent and bluish coloured lesion. They are soft in consistency, non tender and fluctuant on palpation. They clinically appear as an asymptomatic vesicle or bulla with pink or bluish colour and their size may vary from 1mm to several centimetres. Both the genders are equally affected, with peak age of incidence between 10 to 20 years (6). The lower lip is the most common site followed by cheek, tongue, palate and floor of mouth, where it is called ranula (1). Treatment options include surgical excision, marsupilisation, cryosurgery, laser vaporization and laser excision.

CASE REPORT

A 26 years old male patient reported to the Shri Ganesh dental clinic with chief complaint of swelling over the lower lip since 4 months (Figure 1).



Figure 1: Intraoral view of showing 1 cm diameter size swelling over the lower lip.

Swelling was small initially and then increased gradually to the present size. On intraoral examination, a round, solitary fluctuant unilateral swelling of 1 cm diameter size was present over the lower lip. Patient's medical history was nonsignificant. Complete routine blood examination reports were found normal. The clinical diagnosis was mucocele of lower lip. Under local anaesthesia, excisional biopsy was performed and wound was closed with silk sutures (Figure 2, 3).



Figure 2: Exposed mucocele .



Figure 3: Suture area.

The soft tissue specimen was sent for histopathological examination (4). Healing was uneventful. No recurrence was noted.



Figure 4: Surgically removed mucocele.

DISCUSSION

Mucocele is a clinical term used to describe a swelling caused by collection of saliva from obstructed or severed minor salivary gland duct (7). It is a self limiting mucous containing cyst of salivary glands commonly occurring in the oral cavity. The size may decrease or increases due to rupture of the lesion and subsequent accumulation of saliva. The clinical presentation may vary depending on the depth of the lesion. The lesion is located directly under the mucous membrane (superficial mucocele) or in the upper submucosal (classical mucocele (8). Oral mucoceles can affects patients of all ages, with peak incidence in the second decade of life. Children and teenagers are most commonly affected by mucoceles (7). They can found anywhere in oral cavity but lower lip the most commonly affected site. Mucocele of lip rarely causes significant problems. Discomfort, interference with speech, mastication, and difficulty in swallowing may occur. It is rarely larger than 1.5 cm in diameter and is always superficial.

Through history and examination is crucial for diagnosis. The appearance of mucocele is pathognomic. Mucocele are mobile lesion with soft and fluctuant consistency depending on how much tissue is present over the lesion. Fine needle aspiration is useful diagnostic technique. High amylase and protein content can be revealed by chemical analysis (9). They should be differentiated from lipomas, oral haemangioma, oral lymphangioma, benign or malignant salivary gland neoplasm, irritational fibroma, oral lymphoepithelial cyst, gingival cyst of adults, soft tissue abscess, cystercosis, pyogenic granuloma etc (9, 10). The treatment shall be complete excision, marsupilisation, dissection, cryosurgery, carbon dioxide laser, electrocautery, intra lesional injection of sclerosing agents or steroid injections (11). However, recurrence can occur.

CONCLUSION

Mucocele is the most common benign self limiting condition. It is commonly seen in young males. Trauma was the most common cause and majority of these lesions are seen in the lower lip. Patients undergoing orthodontic treatment should be monitored periodically for areas of irritation in the oral mucosa. Complete excision has been the easiest way of treatment and recurrence has been noted if the lesion removed incompletely.

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