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Oral Mucocele A Case Report

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Abstract

Mucocele is a relatively common salivary gland pathology and manifest in the oral cavity most commonly on labial mucosa. It can be very well diagnosed based on history and clinical features alone. Our case report aimed to explain the history, clinical features, and surgical removal of mucocele using a simple surgical technique, which helps to enhance the knowledge of the general dental practitioner for diagnosing and managing this condition.

Keywords: Mucocele • Case report • Hypospadias • Management

Introduction

Mucocele are defined as mucus-filled cavities, which can appear in the oral cavity, appendix, gallbladder, paranasal sinuses, and lacrimal sac. Lower labial mucosa is the most frequently affected site but can also develop in the floor of the mouth where it is called as ranula, cheek, tongue and palate [1,2]. The term mucocele is derived from a Latin word, mucus and cocele means cavity [3]. This is the result of accumulation of liquid or mucoid material due to the alteration in the minor salivary gland which causes limited swelling [4].

Case History

A 34-year-old male patient visited our Out Patient Department with the chief complaint of nodular growth in his lower lip. On eliciting history patient told he has observed the swelling in the last one month and slowly enlarged to present size. The swelling was a symptomatic and does not cause any pain. Patient has also given history of keeping tobacco in same region of labial vestibule. Patient gave history of trauma to lower lip while eating. On examination extraoral swelling noticed with lower lip region 1.5 cm in diameter with normal appearing overlying skin, soft to firm in consistency and non-tender on palpation (Figures 1 and 2).

On intra oral examination the swelling was noticed on the lower labial mucosa with overlaying 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 sleeping 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 not suffering from any systemic disorders on eliciting medical history. Patient was counselled for tobacco cessation (Figure 3).

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 perform considering the limited role in diagnosing soft tissue pathologies of lip region [5]. Ultrasonography or Magnetic Resonance Imaging could have been performed to see the lesion but looking at obvious history of trauma, clinical examination findings and nature of lesion we decided not to go for any advance imaging modalities considering an un necessary financial burden on patient. All the blood parameters were within normal limits. So, 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 seeped through the incision area without damaging the integrity of the lesion. The steam of the lesion was separated from the underlying mucosa with the help of tissue forceps and chucked off from the base. The intact sample was transfer to 10% Formalin bulb for preserving and transporting to histopathology laboratory (Figures 4 and 5).

The Histopathology section was prepared and Haematoxylin and Eosin staining revelled discontinues 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.

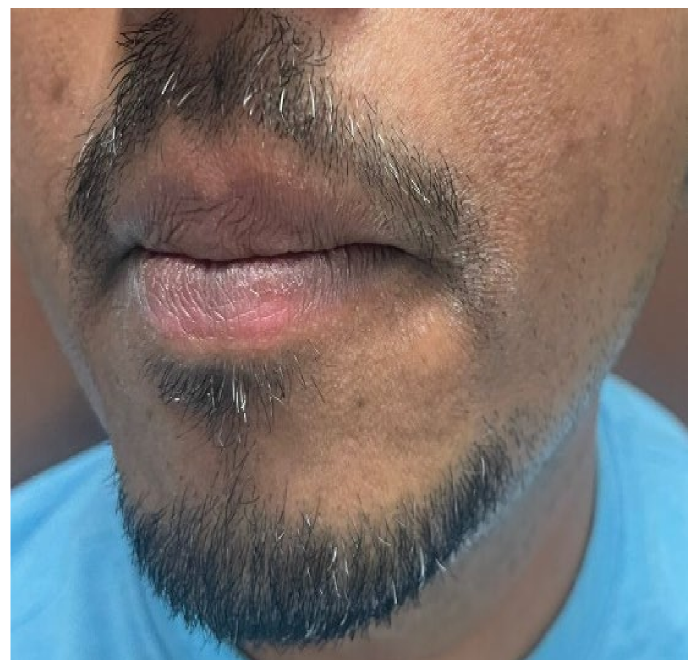

Figure 1. Extra oral appearance.

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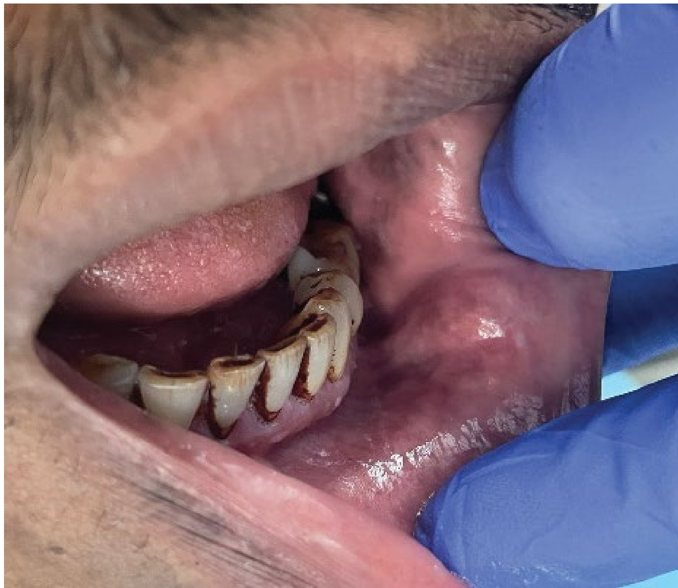

Figure 2. Intra oral appearance.

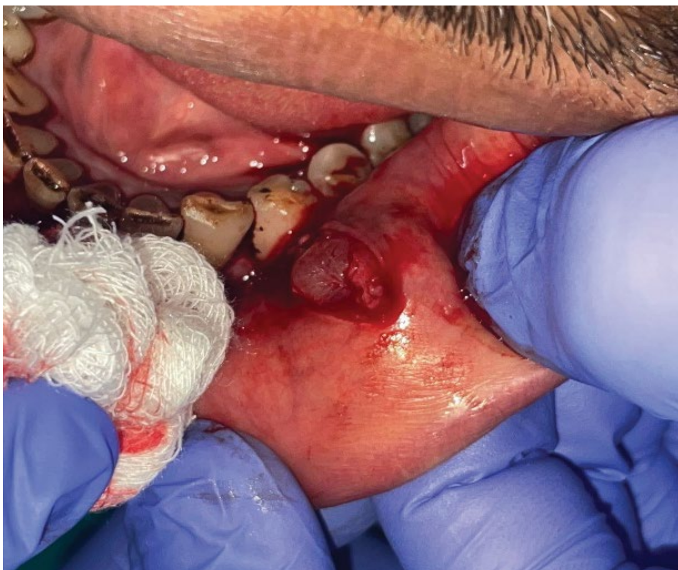

Figure 3. Surgical Exposure of lesion.

Figure 4. Excised sample in 10% Formalin.

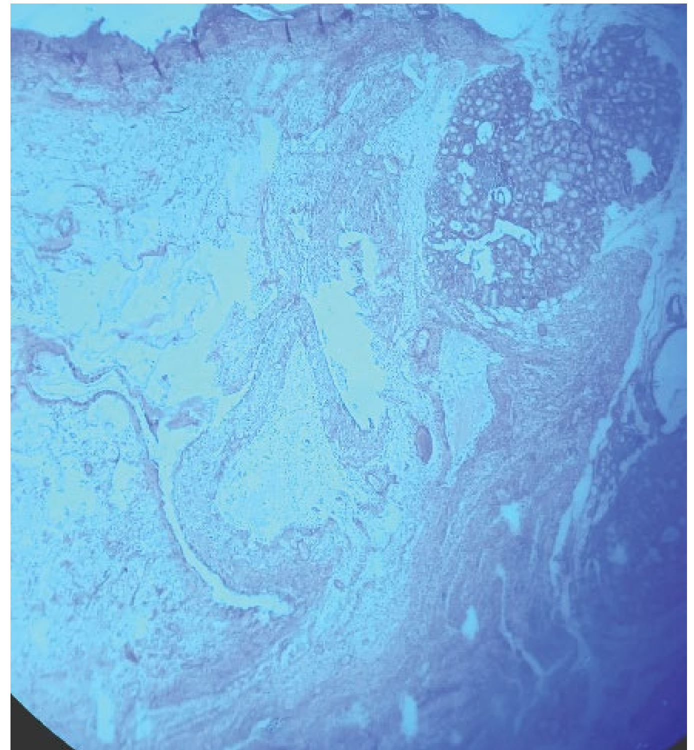

Figure 5. Histopathological appearance.

Results and Discussion

Mucocele are mostly benign and self-limiting nature, primarily diagnosed based on clinical findings followed by definitive diagnosis based on the histopathological investigation. There is limited role of radiology in diagnosing the soft tissue condition unless it is sialolith or ectopic salivary gland pathology involving jaw.5 Most of the reported literature showed lesion arose followed by trauma and habitual lip biting. Complete excision has been the easiest way of treatment choice, and recurrence has been associated if the lesion removed incompletely. The excised tissue must be submitted to the histopathological investigations to confirm the diagnosis and rule out the salivary gland tumors [6].

Conclusion

Mucocele is relatively common and easily diagnosable salivary gland pathology of oral cavity. Based on History and clinical examination findings of easily assessable nature of oral cavity laborious investigations like Computed tomography, Magnetic resonance imaging, Ultrasonography can be avoided. History taking skills and patient examination skills can avoid unnecessary over investigation which is financially and health wise taxing to the patients.

Conflict of Interest

The authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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