

# Mucocele: Two Case reports

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## Abstract

The Mucocele or mucus retention phenomenon as it is called is a salivary gland lesion of traumatic origin which is formed when the main duct of a minor salivary gland is torn with subsequent extravasation of the mucus into the fibrous connective tissue so that a cyst like cavity is produced. The wall of this cavity is formed by compressed bundles of collagen fibrils and it is filled with mucin. Mucoceles are known to occur most commonly on the lower lip, followed by the floor of mouth and buccal mucosa being the next most frequent sites. This paper reviews the Mucocele and two case reports have been presented.

## INTRODUCTION

They are rarely seen on the upper lip, retromolar pad or palate. They may occur at any age, they tend to be seen most frequently in the second and a third decade of life.<sup>1</sup> The lesion has no sex predilection and occurs more frequently in children, adolescents and young adults.<sup>2,3,4,5,6,7,8</sup> Mucoceles appear as discrete, small, translucent, soft, painless swelling of the mucosa ranging from normal pink to deep blue in color. The tissue cyanosis and vascular congestion associated with stretched overlying tissue and the translucency of the accumulated fluid beneath results in the deep blue colour. They can be single or multiple often rupturing and leaving slightly painful erosions that usually heal within few days.<sup>2,3,4,5,6,7,8</sup>

## CASE REPORTS

### CASE REPORT 1

A 13 years old female child visited the dental clinic with the chief complain of Swelling in the lower lip. The history of present illness consisted of Swelling in the lower lip since 2 days in the inner aspect of lower lip in the 34, 35 region. It had been increasing since 2 days. It is painless and no history of fever or malaise was present. It was Soft, fluctuant and palpable with no increase in temperature, oval in shape. The other findings were stains +, erupting 13, Occlusal pit 55, palatal pit 65, over retained 73, buccally placed 33, Lingually placed 32, over retained 83, rotated 44, 45, lip biting habit. The lab investigations were conducted and the values were found to be normal. The diagnosis was formulated as a Mucocele. The treatment planning consisted of Oral prophylaxis followed by Topical fluoride application. The surgical removal of the lesion was advised by placing an

incision vertically; therefore splitting the overlying mucosa and then aspirating the fluid, separating the lesion from the mucosa by placing a suture and resecting the Mucocele from the base so that chances of reoccurrence are less, sutures were placed. (Fig 1,2,3,4) Regular recall and checkup for the reoccurrence of the lesion was done.

### Figure 1

Figure 1: Removal of the lesion



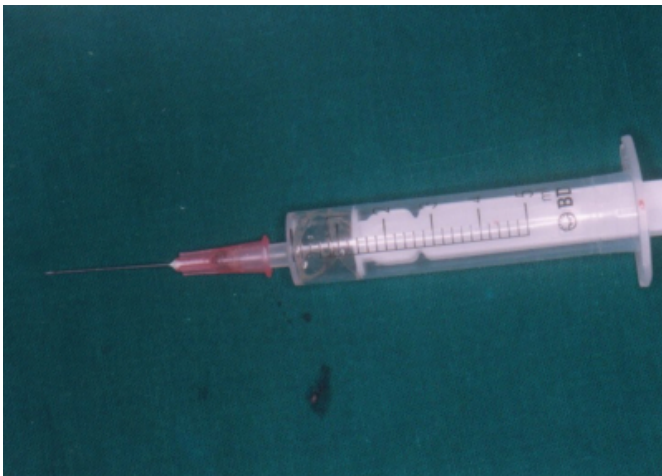
**Figure 2**

Figure 2: Sutures were given



**Figure 3**

Figure 3: The fluid was collected in syringe



**Figure 4**

Figure 4: The Mucocele



**CASE REPORT 2**

A 2 1/2 year old female child visited the dental clinic with the chief complain of Swelling in the lower lip. (Fig 5) The history of present illness consisted of Swelling in the lower lip since 2 days. It had been increasing since 2 days. It is painless and no history of fever or malaise present. The lab investigations were conducted and the values were found to be Hb 10gm%, BT-2, CT-6-10; TLC-7200/cm. The diagnosis was formulated as a Mucocele. The treatment planning consisted of Oral prophylaxis followed by Topical fluoride application. The surgical removal of the lesion was advised by placing an incision vertically; therefore splitting the overlying mucosa and then resecting the Mucocele from the base so that chances of reoccurrence are less, sutures were placed. (Fig 6,7,8) Regular recall and checkup for the reoccurrence of the lesion were conducted.



**Figure 5**

Figure 5: The lesion



**Figure 6**

Figure 6: Removal of the lesion



**Figure 7**

Figure 7: The Mucocele



**Figure 8**

Figure 8: sutures have been given



## DISCUSSION

Mucocele may be located either as a fluid filled vesicle or blister in the superficial mucosa or as a fluctuant nodule deep within the connective tissue. Spontaneous drainage of the inspissated mucin especially in superficial lesions followed by subsequent recurrence may occur. The surface of long standing lesions may show fibrosis.<sup>1</sup>

The clinical and radiographic findings lead to a diagnosis of Mucocele. The demonstration of the mucus retention phenomenon and inflammatory cells can be done by the fine needle aspiration. High Amylase and protein content can be revealed by the chemical analysis. The localization and determination of the origin of the lesion can be done by Computed tomography scanning and magnetic resonance imaging.<sup>2,3,4,5,6,7,8</sup>

Surgical excision with removal of the involved accessory salivary gland. Marsupialization will only result in reoccurrence <sup>1</sup>. Large lesions are best treated with an unroofing procedure (marsupialization). Care has to be taken to avoid the injury to any marginal glands and ducts; it may lead to reoccurrence of the lesion. The excised tissue should always be submitted to the pathological investigations to confirm the diagnosis and rule out the salivary gland tumors.<sup>2,3,4,5,6,7,8</sup>

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