

Mucocele Occuring in the Oral Cavity- A Review

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Abstract:- Mucocele is a frequent condition of the salivary glands that can also affect the lacrimal sac, appendix, gallbladder, paranasal sinuses, and oral cavity. The lower lip is a common site for these lesions in the oral cavity, although they can also appear on the tongue, buccal mucosa, soft palate, retromolar pad, and other parts of the mouth. These kinds of lesions are typically brought on by trauma and lip-biting behaviours. These lesions can be clinically diagnosed and are not painful.

Keywords:- Mucocele, Lower lip, Salivary Gland.

I. INTRODUCTION

A mucin-filled cyst known as a mucocele can develop in the paranasal sinuses, the lacrimal sac, or the oral cavity (1). According to Yague-Garca et al. (2009), mucocele is derived from the Latin term mucus, which also implies cavity 2. According to Bagan-Sebastian et al. (1990), a mucocele is an accumulation of mucus brought on by a change in the minor salivary gland that results in a little amount of swelling.³

II. TYPES

Cysts come in two different varieties: extravasation type and retention type. The main cause of the extravasation type, which is frequently observed in minor salivary glands, is the leakage of fluid from the salivary gland ducts and acini to the nearby soft tissues. Whereas Retention type results from obstruction of the salivary gland duct, related to the obstruction of the salivary gland duct, which is frequently observed in large salivary gland ducts (4).Both present as a non-painful swelling in a clinical setting. When a mucocele (extravasation) develops in the floor of the mouth, it is referred to as a RANULA and has the appearance of frog's cheeks (4).These lesions termed pseudocysts because they lack epithelial lining.

III. ETIOPATHOGENESIS

According to Yamasoba et al. (1990)⁵, the two main etiological reasons for these cysts are Injury and trauma Salivary gland duct obstruction, Lip and cheek biting, which are primarily physical trauma, cause mucin to leak into the submucosal tissue around them. Mucous that has stagnated may make later inflammation evident (4),(6)

According to Ata-Ali et al. (2010)⁷, the extravasation type has the following phases.

- Phase I: Salivary duct mucus leaks into nearby tissue, which may contain some leucocytes and histiocytes.
- Phase II. In granulomas with histiocytes, macrophages, and enormous multinucleated cells connected to a reaction to a foreign body.
- Phase III. Later in the third phase, connective cells will cause the creation of a pseudo capsule around the mucosa without epithelium. Major salivary glands frequently exhibit the retention type of mucocele. It is because a sialolith has blocked or obstructed the duct, causing it to enlarge ⁷.

IV. CLINICAL FEATURES

According to Bermejo, Mucocele, a frequent condition of the salivary glands, is characterised by an accumulation of mucoid material. It appears as a well-defined, non-tender, soft, fluctuant swelling with a bluish tint and varying sizes.⁸ (Bermejo et al., 1999; Eveson, 1988). Common on the lower lip, however it can also happen elsewhere. The fluid buildup below and the vascular congestion and cyanosis of the tissue above are the main causes of the bluish hue. They often have intact epithelium covering dome-shaped swellings (6). In the first three decades of life, there is no gender preference and it is typical (9). Oral hemangiomas, oral lymphangiomas, and benign or malignant salivary gland neoplasms are among the differential diagnoses that may be taken into account.

V. DIAGNOSIS

Since mucoceles have a pathognomonic look, details concerning the lesion's location, trauma history, sudden onset, fluctuations in size, bluish colour, and consistency help with diagnosis (10). Histiocytes, inflammatory cells, and retained mucus are all visible by fine-needle aspiration (11). The cystic chamber of mucoceles of the retention type is lined by cuboidal cells, and the epithelial wall is clearly delineated. This kind is less likely to result in inflammatory reactions, claim 12).

According to Guimares et al. (2006), the extravasation type resembles a pseudocyst without an epithelial wall and exhibits flaming cells and granulation tissues. Chemical study reveals that saliva contains large quantities of protein and amylase.

VI. TREATMENT

The most well-known method for treating this damage is routine, meticulous evacuation. Additional therapeutic possibilities include electrocautery, micro marsupialization, intralesional corticosteroid injection, cryosurgery, and intralesional corticosteroid injection (13). According to some research, these lesions could be treated with an initial cryosurgical approach or an intralesional corticosteroid injection; nevertheless, both methods are more likely to cause relapses (14). Retention mucocele and extravasation mucocele receive the same medical care. To avoid harming essential organs like the labial branch of the mental nerve, small mucoceles can be excised with marginal glandular tissue, while bigger lesions can be marsupialized (14).

VII. CONCLUSION

A mucocele is the most usual benign self-limiting disorder. Young guys are typically affected. The lower lips are where the majority of these lesions are seen, and trauma is typically the underlying factor. Most of these cases can be diagnosed clinically, however in some circumstances a biopsy is necessary to rule out other neoplasm types. There are other therapy methods, however studies have shown that the CO2 laser approach is more effective and results in fewer relapses. Although there are other possibilities, the CO2 laser treatment is the best and has the lowest probability of recurrence. These lesions are typically discovered when a patient visits the dentist for a routine oral examination or another dental problem because they don't hurt.

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