

Mucocele of Upper Lip : Case Report of a Common Lesion on a Rare Site

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ABSTRACT

Mucoceles are mostly due to extravasation of mucus from a salivary gland. The most common etiology is due to trauma. Following trauma, there is extravasation of the mucus into the connective tissue. Subsequently a cystic cavity is formed which is composed of bundles of collagen fibers and filled with mucin. Lower lip is the most common site involved followed by floor of the mouth and the buccal mucosa. Upper lip is a very rare site for mucocele accounting for only 0.4% of all cases. This paper presents a case report of a mucocele of upper lip which is a very rare site of occurrence. Many other lesions are also discussed to help clinicians in establishing a proper differential diagnosis. Lesion was surgically excised with no history of recurrence after 6 months of follow up.

KEYWORDS: Mucocele, Upper lip

INTRODUCTION

Mucocele is a common lesion of oral cavity generally involving the minor salivary glands. It is also known as mucus extravasation phenomenon¹. Trauma is the most common etiological factor attributed to the development of mucocele. The most common site of the lesion is lower lip.^{1,2,3}

Mucoceles are generally formed after traumatic rupture of an excretory duct leading to the outpouring of saliva into the surrounding tissue.^{4,5} The glandular secretion is then surrounded by the cells of inflammatory origin and later by the fibroblasts. There is absence of any epithelial lining around the mucin. However, encapsulation by the granulation tissue causes its inclusion into the category of pseudocyst.⁶

Lesion has no definitive sex predilection. It occurs more commonly in children as well as in young adults. Clinically it presents as a discrete, translucent, soft, fluctuant nodular mass. The size of the lesion may vary from a few millimeters and may reach upto few centimeters.

Treatment includes surgical removal of the lesion along with the surrounding mucosa and glandular tissue down to the muscle layer. Cryosurgery has also been used for the treatment with encouraging result.^{7,8,9}

In this article, a case report of mucocele in the upper lip has been discussed. Upper lip is a very rare site of occurrence constituting only 0.4 % of all lesion.³

CASE REPORT

A 24 year old man presented with the chief complain of swelling on the upper lip. There was a history of trauma one year back. His medical history was of not any

particular relevance.

Extraoral examination revealed a dome shaped swelling which was bluish in color [Figure – 1]. On intraoral examination a blue, nontender fluctuant nodular growth measuring 12 mm x 10 mm on the inner labial mucosa was present at d midline [Figure – 2]. On digital pressure, no blanching was evident.



Fig 1: Extraoral Photograph



Fig 2: Intraoral Photograph of the Lesion

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There was no bruit on palpation of the lesion. Radiograph did not reveal any evidence of calcification in the area,

Excisional biopsy was done, and wound was closed using 3-0 silk suture. Excised lesion was sent for histological evaluation. Mucocele was given as definitive diagnosis. No recurrence was observed till 6 months of observation

DISCUSSION

Mucocele may be present either as a fluid filled vesicle in the superficial mucosa or as a fluctuant nodule within the connective tissue. The lip contains adipose, connective tissue, nerve, blood vessels and salivary gland. Hence, pathology of any of these structures can cause swelling of the lip.

Daley¹⁰ listed fibroma, lipoma, mucocele, phlebolith, sialolith, mucus retention cyst, and salivary gland neoplasm as possible clinical differential diagnosis for a swelling of the upper lip.

Fibroma may vary in consistency from soft to firm and are a common intraoral lesion. The incidence rate is almost same in both upper as well as lower lip.

Lipoma is not a very common intraoral lesion and are soft in consistency. These lesions are diagnosed commonly as either mucocele or fibroma.

Phleboliths commonly result from the calcification of an intravascular thrombus. Both phlebolith and sialolith present as a firm, movable thrombi. However radiograph may give an opaque appearance in radiographs.

Mucus retention cyst occurs more commonly on the upper lip but age of onset is seventh to the eighth decade.

Salivary gland neoplasm may also occur on the lower lip. Salivary duct cyst occurs rarely in the minor salivary gland of the lip. These cysts may result due to dilatation of a salivary gland duct.

However they do not contain pool of mucin, unlike the mucus retention cyst. Upper lip is also a common site for benign tumors of salivary gland. Canalicular adenoma occurs almost always in the upper lip, generally at the midline. Pleomorphic adenoma is the second most common benign tumor of the upper lip.

The most common malignant lesion of the salivary gland is mucoepidermoid carcinoma. A low-grade tumor may mimic a mucocele on clinical examination.

Vascular malformation may also mimic mucocele but proper evaluation of the history and ultrasonography can distinguish the two.

Mucocele is a benign cystic lesion. It is the second most common soft tissue benign tumor of the oral cavity with incidence rate of 2.5 per 1000.¹⁰

It occurs frequently in the second decade of life and rarely in infants under one year of age.

It is a painless, slow growing fluctuant swelling occurring due to mucus extravasation or retention of mucus

material arising from the salivary gland. Parafunctional habits like lip biting are the most common contributory factor for occurrence of an oral mucocele. However few cases with spontaneous development have also been reported.

Very few cases have been reported on the upper lip. Mustapha et al⁶ reported a case of mucocele on the upper lip on a 57 year old African male with no history of trauma. Patient reported in our case however, had a history of trauma. On surgical excision, no recurrence was reported till 6 months of follow up.

In case of a mucocele, proper diagnosis is important. Other possible reasons must be ruled out through proper evaluation of history and clinical examination. Radiographic and ultrasonographic study can also provide valuable information.

CONCLUSION

In the case which has been reported in this article was a mucocele of upper lip. Upper lip is a very rare site for the location of mucocele. There was a history of trauma which is the most common etiological factor for a mucocele. Lesion was present for last one year and had gradually increased to present size. Excision of the lesion is the standard treatment and was done even in this case with no recurrence. Though rare, diagnosis of mucocele must be kept in mind while evaluating lesion of the upper lip.

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