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Oral Mucocele
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Do you have an oral mucocele?

Oral mucocele (also termed mucous retention cyst, mucous extravasation cyst, mucous cyst of the oral mucosa, and mucous retention and extravasation phenomena) is a clinical term that refers to two related phenomena:

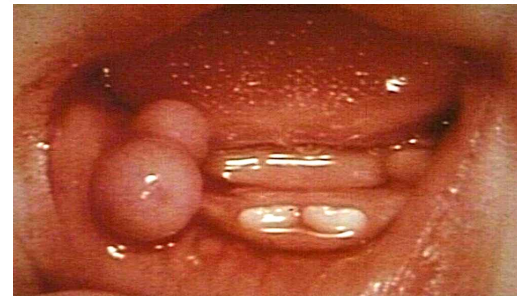
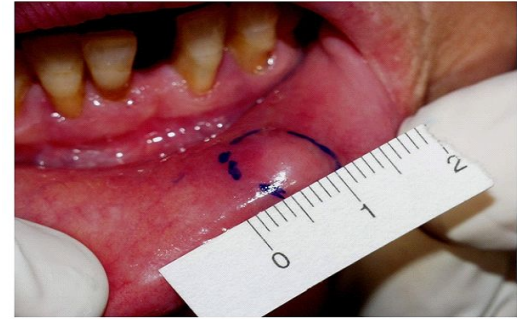
- Mucus extravasation phenomenon
- Mucus retention cyst

The mucus retention cyst is a swelling of connective tissue consisting of a collection of fluid called mucin. ETIOLOGY: This occurs because of a ruptured salivary gland duct usually caused by local trauma (damage), in the case of mucus extravasation phenomenon, and an obstructed or ruptured salivary duct (parotid duct) in the case of a mucus retention cyst.



Facts/Characteristics:

- Most often happens if you repeatedly bite or suck on your lower lip or cheek. Trauma from getting hit in the face could also disrupt the duct.
- Most commonly found on the lower lips, gums, roof of mouth, under the tongue, floor of mouth
- referred to as ranula. They are rarely found on the upper lip.
- They are usually slightly transparent with a blue tinge.
- The size of oral mucocoeles vary from 1 mm to several centimeters and upon palpation, may appear fluctuant, but can also be firm.
- The term cyst is often used to refer to these lesions. However, mucocoeles are not true cysts because there is no epithelial lining. It is more accurate to classify mucocoeles as polyps.
- Their duration lasts from days to years, and may have recurrent swelling with occasional rupturing of its contents.
- More commonly found in children and young adults.



How do mucoceles affect patient dentally?

Most mucoceles do not hurt, but are considered more of an annoyance.

They get in the way of eating or speaking.

Shallow mucoceles may burst. Deeper ones can last longer and they are more likely to bother you.



Role of Dental Team?

Mucocele often go away without treatment.

Sometimes they enlarge.

Don't try to open them or treat them yourself.

See your doctor, your child's pediatrician, or your dentist for expert advice.



Treatment:

There are two types of treatment a doctor or dentist most commonly uses:

1. Removing the gland: The dentist or doctor may use a scalpel or laser to remove the salivary gland. Local anesthesia numbs the pain.
2. Helping a new duct to form: Called marsupialization, this technique helps a new duct form and helps saliva leave the salivary gland.

Other types of treatment that may bring down swelling or prevent the need for surgery include steroid injections and medications applied to the surface of the mucocele.



Thank you