

# Mucoceles

## Mucoceles

Extravasation mucoceles and retention cysts are formed by - mucous extravasation. Both have similar clinical features but variable distinct pathogenesis ( Figure 54.2 ). - Extravasation mucocele Trauma to the minor salivary gland duct causes accumulation of saliva in the surrounding connective tissue, followed by an inflammatory reaction. They occur commonly in children and adolescents and are mainly found on the lower lip. A ranula is a type of extravasation mucocele. Ranula (little frog) Ranulas, first described by Banister in his surgical compilation of 1585, are caused either by the rupture of the main duct or by the rupture of obstructed acini of the sublingual gland. They appear as a characteristic bluish swelling in the anterior floor of the mouth and resemble the belly or air sac of a frog. They can remain localised or insinuate through the mylohyoid muscle to present as a submental swelling called a 'plunging ranula'. They are usually soft, fluctuant and painless unless infected. Imaging corroborates the clinical diagnosis and aspiration yields the thick sticky saliva that distinguishes them from a lymphangioma ( Figures 54.3 and 54.4 ). John Banister , 1533–1610, English anatomist, surgeon and teacher. Henrik Samuel Conrad Sjögren , 1899–1986, Professor of Ophthalmology , Gothenburg, Sweden, described this condition in 1933. Treatment should include removal of the sublingual gland as this gland has multiple ducts and ranulas can recur if the gland is left behind. Incision, drainage and marsupialisation have low success rates. Injecting OK-432 at the local site pro - duces inflammation and fibrosis. Injection of botulinum toxin has shown a good success rate but needs further evaluation. Retention cyst These result from obstruction of the duct by periductal scars, sialolithiasis (salivary gland stone formation) or pressure from surrounding tissue. These cysts are mainly found in the ductal system of a minor salivary gland. The cyst cavity may contain fragments of a sialolith or mucous material. Some may regress spontaneously but are best treated by surgical excision.

Figure 54.2 Mucous retention cyst. A translucent swelling on the lower lip is typical. Figure 54.3 Ranulas in the /f\_l oor of mouth, transillumination and specimen (courtesy of Dr Shirish Ghan, Nasik, India). Figure 54.4 Magnetic resonance imaging scan showing a ranula in the /f\_l oor of mouth.

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