A 28-year-old male patient reported with a chief complaint of a painless growth inside the mouth on the right side since 3-4 months. His medical and dental histories were non-contributory. Clinical examination revealed a well-defined, raised, solitary, oval, bluish-grey in colour, translucent, nodular growth with smooth surface and surrounding areas of erythema seen on the right commissure area of the buccal mucosa located about 0.5 cm above the commissure angle and almost uninterrupted to the inside of the upper lip and measured approximately 1 cm *1 cm in size (Figure 1 - A). It was compressible, non-tender to touch and had a sessile base.

Based on the history and clinical examination a provisional diagnosis of mucocele was established. As a first line of investigation, a diascopy test was done which revealed the lesion did blanch (Figure 1 - B). After medical evaluation and obtaining informed consent, an excisional biopsy was performed under local anaesthesia. The histopathological findings confirmed the diagnosis as mucocele. Patient was recalled after 1, 3 and 6 months without any episodes of recurrence.

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Mucocoele are defined as mucus-filled cavities, which can appear in the oral cavity, appendix, gallbladder, paranasal sinuses, and lacrimal sac. The term mucocoele is derived from a Latin word, ‘mucus’ and ‘cocele’ which means cavity [1]. Superficial lesions take on a bluish to translucent hue, whereas deep lesions have normal mucosal coloration and bleeding into the swelling may impart a bright red and vascular appearance. The patient may relate a history of recent or past trauma to the mouth or face or the patient may have a habit of biting the lip [2]. Mucocoele is mostly a self-limiting condition and it often ruptures and leaves slightly painful erosions that usually heal within few days. Medications used widely include use of intralesional corticosteroid injections and gamma linolenic acid. There are three possible surgical approaches to management of Mucocoele of the lips, cheeks and palate; complete excision, marsupialization and dissecting [3]. Other treatment approaches such as Laser ablation, cryosurgery, and electrocautery have been used for conventional mucocoele with variable success rates [4].

References: