

Abstract P12

Oral Mucocele in Pediatric Patient: A Case Report

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Mucocele can appear anywhere on the oral mucosa where there are minor salivary glands. Because the diagnosis is mostly clinical in character, it is important to appropriately do the anamnesis in order to look for any prior trauma. Extravasation and retention mucocele are the two main forms that can develop. Although retention mucoceles can appear anywhere, extravasation mucoceles typically occur on the lower lip. Histologically, mucoceles can be divided into extravasation types and retention types, with extravasation types being more prevalent. The extravasation mucocele, also known as a "mucous retention cyst," lacks an epithelial lining and a defined border. It is thought that trauma to a small salivary gland excretory duct causes an extravasation mucocele to occur. Saliva pools in the nearby submucosal tissue as a result of duct laceration, which causes edema. The obstruction of a minor salivary gland duct, frequently by a sialolith, periductal scarring, or tumor, results in the retention type mucocele. Saliva builds up and the duct enlarges due to the obstruction of salivary flow. A 9-year-old child arrived to Rumah Sakit Gigi dan Mulut Universitas Muhammadiyah Yogyakarta with his mother, complaining of a lump on his lower lip. Patient frequently bit his lips since the lump has been there for a few months. It did not hurt and occasionally grew in size. The lump bothered the patient. The dentist performed minor surgery to remove the mucocele. Minor surgery was performed with infiltration anesthesia around the mucocele and then used blade no. 15 for excision of the mucocele. For postoperative wounds, braided surgical sutured silk was used. Post-operative instructions were given, antibiotics and analgetic were prescribed. Patient was recalled after 1 week for the removal of sutures. No recurrence was seen after a follow up at 1 month and 3 months.

Keywords: Mucocele, cyst, minor salivary gland, treatment

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