

FREQUENCY OF MUCOCELE IN A KARACHI SAMPLE

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ABSTRACT

The study was done to determine the frequency of patients seen at Altamash Institute from 1st till 31 March 2015. A descriptive cross sectional survey was conducted on 50 patients (Male and Female) who came in for a dental check-up. Permission was obtained from ethical committee as well as from patients/their attendants. A questionnaire was used for this survey for each patient.

Out of the 50 patients involved in this study, 5 patients were found with a mucocele in the oral cavity. Among various causative factors trauma was found to be the major cause.

Mucocele developed mostly in the lower lip mainly due to severe lip biting. Other areas such as buccal mucosa and the palate were significantly rare sites.

Key Words: Frequency, Mucocele.

INTRODUCTION

Mucocele is often seen in the oral cavity and its occurrence is due to the alteration in the minor salivary glands and trauma and lip biting.⁴ The development of mucocele depends upon the obstruction of the salivary flow from secretory apparatus of the salivary gland.⁹ There are two types of mucous cysts, based on the histology of the cyst wall; a mucous extravasation cyst formed by mucous pools surrounded by granulation tissue and mucous retention cyst with an epithelial lining.^{8,12} Salivary mucocele are common in the lower lip but may occur in other locations too.¹³ The most common sites for the appearance of extravasation mucocele is in the lower lip, tongue being the second most common followed by the buccal mucosa, palate and rarely in the retromolar area and posterior dorsal area of the tongue.³

According to many studies there is no difference between male and female genders in association with mucocele appearance and there is also no difference

between extravasation and retention mucocele clinically. They appear as soft blue-ish transparent cystic swelling.¹⁰

The purpose of this article was to collect data in a sample of a Pakistani group to evaluate the occurrence of retention type of mucocele in patients coming in for a general check-up and to evaluate the site, size, shape and color of the mucocele.

METHODOLOGY

A descriptive cross-sectional survey was conducted on the patients and 50 patients were examined from the dental outpatient department of Altamash Institute of Dental Medicine, Karachi, and the description of the mucocele were recorded. Data were collected and saved in a simple data collection form. The results were analyzed by using Statistical Package for the Social Sciences (SPSS) version 15.0 (SPSS Inc., Chicago, IL, USA).

RESULTS

Out of 50 patients, 5 were found with a mucocele. Among the various causative factors contributing to the mucocele formation trauma was found to be the most significant factor in this study. The underlying cause contributing was mostly lip biting and chewing due to nervousness and anxiety in the younger age group followed by cheek biting and sharp teeth causing persistent trauma. The most common site was found the lower lip (75%), followed by the tongue (15%) as the second most common site followed rarely by the buccal mucosa and the palate (<3%)

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TABLE 1: DISTRIBUTION OF SITES IN THIS STUDY

Age (years)	Site (in oral cavity)
15-25	Lower lip
25-35	Lower lip
35-45	Lower lip
45-55	Tongue
60 +	Buccal mucosa

Fig 1: Surgical excision of a Mucocele¹¹

DISCUSSION

Salivary gland diseases are divided on the basis of being benign or malignant. Benign salivary gland diseases give the clinician diagnostic and therapeutic challenges mostly because clinical differentiation is difficult and often Fine Needle Aspiration Cytology becomes necessary in most cases.

Less frequently effected regions are ventral surface of the tongue, floor of the mouth (ranula), hard and soft palate, buccal mucosa, and lingual frenum.

Similar studies reported in the literature, 75% of the cases were diagnosed during the first and second

decades of life. Baurmash analyzing 4406 children ranging in age from 0 to 16 years over a period of 30 years (1973-2002), observed 735 (16.68%) cases of mucoceles.

Mucoceleles are treated by surgical excision along with the removal of adjacent minor salivary glands with a scalpel or cryosurgery.⁷ Less conventional method being CO2 lasers which may be more suitable for children. Recurrence may often occur and new surgical intervention may be needed.

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