A Rare Presentation of Mucocele of the Tongue: An Unusual Location

To the Editor:

A previously healthy 37-year-old woman presented with a 3-month history of progressive dysphagia. She had no tobacco or alcohol consumption. No systemic problems were noted as well. In clinical examination, a painless tense, well-defined swelling, 2 cm in diameter, was localized on the tongue root. The lesion extended to the posterior plica (Fig. 1). The lesion was surgically removed under general anesthesia and submitted for histopathologic analysis. The cyst wall was quite thin, and the surface was smooth. Pale yellow viscous fluid was collected from the cyst cavity. Microscopic examination showed a cystic lesion filled with mucin and lined with mucinous epithelium, which was consistent with a mucocele (Fig. 2). In our case, the treatment was simple surgical excision without further treatment.

Mucous retention cysts are common oral mucosal lesions originating from damage of minor salivary glands. The extravasation of mucus due to physical trauma is the primary cause of mucocele formation. It may also be seen in cases of nicotinic stomatitis, in which irritation from heat and noxious tobacco products can lead to narrowing of the ductal openings. Mucous retention cyst clinically presents as a discrete, more or less soft, nonpainful swelling of the mucocele. Discomfort, interference with speech, mastication and swallowing abnormalities, and external swelling depend on size and location. Usually, mucous retention cysts form below the basal membrane or in connective tissue. Mucous retention cysts are more common in patients younger than 30 years and occur in both men and women. The lesion has no sex predilection.

The most common locations are lower labial mucosa, but mucoceles may develop at virtually any location where minor salivary glands exist, including the soft palate, retromolar region, and buccal mucosa; nevertheless, the dorsal surface of the tongue is quite a rare location. We report a case of mucous retention cyst with an unusual location. To the best of our knowledge, this lesion has not been previously described in the dorsal surface of the tongue.

REFERENCES


Figure 1. The cystic lesion was localized on the tongue root, which extended to the posterior plica.

Figure 2. Microscopic examination showed a cystic lesion filled with mucin and lined with columnar epithelium, shown by the black arrow. White arrow shows squamous epithelium of the tongue (hematoxylin-eosin stain, original magnification ×40).