

CosmoDerma





Visual Treats in Dermatology

Successful treatment of oral mucocele with sclerotherapy

Chandana Shajil¹, H. Shatikkulamin¹

Department of Dermatology, Venereology and Leprology, Sri Venkateswaraa, Medical College Hospital and Research Institute, Chennai, Tamil Nadu, India.



*Corresponding author: Chandana Shajil, Department of Dermatology, Venereology and Leprology, Sri Venkateswaraa, Medical College Hospital and Research Institute, Chennai, Tamil Nadu, India.

chandanashajil@gmail.com

Received: 05 February 2024 Accepted: 21 February 2024 Published: 26 March 2024

DOI 10.25259/CSDM_22_2024

Quick Response Code:



A 32-year-old lady complained of a painless lesion over the lower lip for two months. The lesion used to repeatedly shrink with trauma and subsequently reform in three days. Examination revealed a pink, firm swelling measuring 1×0.7 cm on the lower labial mucosa [Figure 1a]. Correlating history with the clinical findings rendered the diagnosis of oral mucocele. Mucoceles are mucus-filled cavities arising from ruptured minor salivary glands or ducts that are often managed by excision or ablative procedures. Sclerotherapy, being a simple, minimally invasive, safe, efficacious, and cost-effective procedure, was recommended to our patient. Sodium tetradecyl sulfate (3% STS) diluted in a 1:3 ratio with distilled water was injected into the mucocele. There was a considerable reduction in size by day 4 [Figure 1b] and complete resolution with no signs of recurrence at two weeks [Figure 1c]. Adverse events, such as allergic reactions, pain, ulceration, scarring, and hyperpigmentation, were not experienced by our patient. Sclerotherapy using STS is a simple, effective, and minimally invasive day care procedure that can be safely used for treating mucocele. Around 0.5-1 mL of sclerosant is injected slowly into the mucocele, till it produces visible blanching.^[1] In case of inadequate response, sclerotherapy can be repeated weekly until complete resolution is achieved.



Figure 1: Mucocele over the lower lip at (a) baseline, (b) 4 days (black box), and (c) 2 weeks following sclerotherapy.

This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, transform, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms. ©2024 Published by Scientific Scholar on behalf of CosmoDerma

Ethical approval

The Institutional Review Board approval is not required.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Use of artificial intelligence (AI)-assisted technology for manuscript preparation

The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

REFERENCE

Gaikwad TV, Maini AP, Sarma A, Das S, Lokhande S, Prasad SR. Sclerotherapy in the management of oral mucocele: A literature review. J Int Clin Dent Res Organ 2022;14:96.

How to cite this article: Shajil C, Shatikkulamin H. Successful treatment of oral mucocele with sclerotherapy. CosmoDerma. 2024;4:35. doi: 10.25259/CSDM_22_2024