

Innovations

## A pinch of table salt for treating prolabial mucocele

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### PROBLEM

Prolabial mucocele is a deep-seated, chronic, and recurring pseudocyst on the lip caused by injury to the salivary duct or gland. The cyst is filled with viscous saliva and has a fibrous connective tissue wall. Treatment of the prolabial mucocele can be challenging due to the deeply buried intact feeder salivary gland, which is located between the prolabial muscles and is surrounded by fibrosis. Invasive procedures, such as surgical excision, cryosurgery, radiofrequency, electrocautery, laser, marsupialization, intralesional sclerotherapy, and steroids, are frequently required.<sup>[1-3]</sup> Furthermore, there is a significant recurrence rate if the feeder gland is not entirely eliminated. We used a simple, less invasive topical sclerotherapy to cure the prolabial mucocele.

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**Figure 1:** (a) A traumatized mucocele of 6 months on the lower lip, and (b) the mucocele is de-roofed, and a pinch of salt is applied to the mucocele.

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**Figure 2:** (a) A traumatized prolabial mucocele on the lower lip, (b) mucocele resolved after 2 weeks of topical sclerotherapy.

## SOLUTION

Under aseptic settings, the mucocele's roof is removed with a surgical blade under topical xylocaine gel [Figure 1a]. Following deroofing, the mucoceles' saliva is squeezed out, a pinch of table salt is applied, and the salt is inserted into its cavity with a toothpick, and the patient gently pressed the spot with a cotton ball for 10–15 min [Figure 1b]. Following hemostasis, a few grains of table salt are reapplied, and for 4–6 h, a cotton ball and adhesive tape are used as a temporary bandage. Following the removal of the tape, chlorhexidine mouthwash and mupirocin ointment were applied to the site. The patient was monitored weekly for the 1<sup>st</sup> month, then every 2 weeks for the next 2 months. Within 2 weeks, the

de-roofed and sclerosed mucocele healed [Figure 2a and b]. There is no history or sign of recurrence or serious adverse effects such as fibrosis at the site within 3 months of follow-up. Thus, topical sclerotherapy would be a highly successful and less invasive outpatient department treatment for treating recurring mucoceles. However, this therapy is only used on two patients. To determine its effectiveness, it should be tested on a large number of patients.

**Ethical approval:** Institutional Review Board approval is not required.

**Declaration of patient consent:** The authors certify that they have obtained all appropriate patient consent forms. In the form, the patients have given their consent for their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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