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## Case Report

# Sublingual epidermoid cyst mimicking as plunging ranula – A case report



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## ABSTRACT

Among all the epidermoid cysts originating throughout the body, 7% occurs in the head and neck region, with 1.6% intra-orally. Intra-orally, it is mainly located in the submandibular, sublingual and submental region as a benign, painless lesion. This leads to symptoms such as dysphagia, dyspnoea and have a malignant transformation potential as well. Treatment of choice is surgical excision. This is a case report of epidermoid cyst diagnosed clinically as plunging ranula.

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## 1. Introduction

Dermoid and epidermoid cysts, also known as dysontogenetic cysts, are the rare developmental cystic malformations.<sup>1</sup> It is believed by most of the researchers and clinicians that they develop during 3rd and 4th week of intra-uterine life as a result of entrapment of ectodermal tissue of the first and the second branchial arches, which are fused during the 3rd and 4th week of intra-uterine life.<sup>1</sup> The other possible reason for the occurrence of these cysts may be a variant of the thyroglossal duct cyst with predominating ectodermal elements.<sup>1</sup> These cysts make up a part of about 1.6–6.9% among all the cystic malformations in the head and neck region.<sup>2</sup>

Common sites for the occurrence extra-orally of these cystic malformations are orbit, calvarial dipole and intra-cranial spaces. Incidence is rare in the floor of the mouth,

which represents less than 0.01% of all the cystic pathologies in the oral cavity. Intra-orally, the common sites are sublingual, submaxillary and submandibular spaces.<sup>3</sup>

These cystic lesions appear as asymptomatic, painless and slow progressing swelling, which can be congenital usually located in the midline of the neck, above or below the mylohyoid muscle. The diagnosis of such lesions is possible in the 2nd or 3rd decade of life.<sup>4</sup> On progression, such lesions can lead to discomfort in swallowing and speaking.<sup>5–7</sup>

These cysts are removed surgically by making an extra- or intra-oral approach, depending upon the location and size of the lesion.<sup>4</sup>

In this report, the authors describe a case of a 25-year-old male having sublingual epidermoid cyst, which was reported, diagnosed and treated in Baqai Dental College Hospital, Karachi, Pakistan.

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## 2. Case report

A 25-year-old male patient was admitted to the Oral & Maxillofacial Surgery Department of Baqai Dental Hospital, Karachi, Pakistan with complaints of a slowly enlarging mass on the right side in floor of the mouth, over the last 6 years. The patient had no dyspnoea or pain. There was no history of previous surgery or trauma of the oral cavity or neck. Intra-orally, the examination revealed non-tender, soft and fluctuant mass of 4 cm × 3 cm, pinkish in colour on the floor of the mouth (Fig. 1).

Extra-orally, there was a diffuse swelling in the right submental region that was fluctuant, and enlarges when the patient swallows. On examining the neck, a firm swelling was also noticed in the submental area, extending down to the thyroid notch. Clinically, it was diagnosed as plunging ranula in the OPD, which was further nullified on histological examination.

The patient was non-affording with low socioeconomic status; therefore, a contrast film lateral view was taken after injecting radio-opaque dye.

Panoramic radiograph & lateral view with radio-opaque dye revealed an irregular lobulated swelling in the floor of the mouth (Fig. 2(a) and (b)).

Under general anaesthesia, the patient underwent surgical removal of the mass. Intra-orally, a midline horizontal incision was performed through the mucosa overlying the swelling and the cyst was dissected from the surrounding tissues and removed (Fig. 3). The wound was closed primarily. The postoperative period was without any complication and the tongue was re-positioned to its normal site.

Macroscopic examination revealed consisting of single, irregular, soft, brown tissue piece measuring 4 cm × 2 cm × 2.5 cm. Cut section shows pale, cheesy coloured material. Histological findings of serial sections revealed fragment of cyst lined by stratified squamous epithelium and lumen containing keratin. It was covered by keratin flecks.

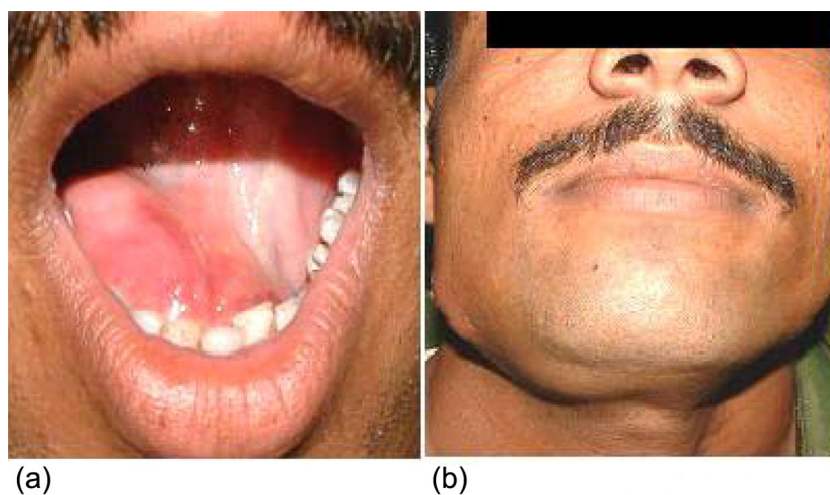


Fig. 1 – (a) Intra-oral swelling on the right side of the floor of the mouth. (b) Diffuse swelling on the right submental region extending to the thyroid notch.

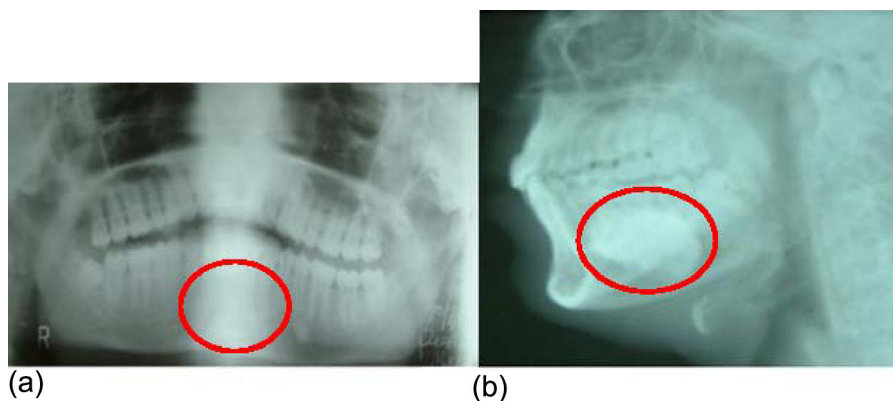


Fig. 2 – (a) OPG showing lobulated swelling in the floor of the mouth. (b) Lateral view with radio-opaque dye showing cyst at the floor of the mouth.

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