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Treatment of intraoral ranulas with a two-incision fistula technique: the management of recurrence

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Abstract

The two-incision fistula technique for the treatment of oral ranulas has recently been introduced to clinical practice. We reviewed 52 patients who had recurrences after this treatment, and explored the possible causes and underlying mechanisms. A total of 13/53 ranulas had recurred, so we repeated the operation, and one patient had the ranula and the sublingual gland resected. We found that the thin mucous membrane cracked at the double incisions, which led to the formation of a fistula and promoted the drainage of cystic fluid. The results indicated that the recurrence of ranulas after the two-incision fistula technique can be reduced further. To avoid recurrence, the technique should be adjusted slightly, depending on the type of ranula present.

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Introduction

Ranulas are mucous retention cysts on the floor of the oral cavity, and they result from the extravasation or retention of mucous. Injury may be a cause.^{1,2} When one increases in size it may restrict the movement of the tongue, which will affect articulation and swallowing. At present most ranulas are excised and the sublingual gland removed, which risks injury to the salivary duct and the lingual nerves, and local infection.³ Minimally-invasive approaches have become common, and they may include a modified suture technique, marsupialisation, laser ablation, and sclerosants.^{3–6} These techniques have had varying degrees of success, and there is

no consensus about management except that excision of the sublingual gland is curative. It is still controversial, however, as a preferred treatment.

We have previously shown that the two-incision fistula technique was effective, and it was first used in the Ninth People's Hospital, Shanghai Jiao Tong University School of Medicine.^{7–9} Because of its success, the technique is now being used at the First Affiliated Hospital of Jinan University, Guangzhou and other Chinese hospitals. In this retrospective study at the two hospitals, 52 patients were enrolled with a clinical diagnosis of oral ranula, and treated with the standard two-incision fistula technique.

Patients and methods

The study was approved by the Independent Ethics Committee of the two hospitals. Patients were enrolled at the Shanghai

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Fig. 1. Case 1: a forty-year-old patient treated with the two-incision fistula technique.

Ninth People's Hospital (n=43; 32 women and 11 men) and the First Affiliated Hospital of Jinan University (n=9; six women and three men) from January 2013 – February 2017. All patients had ranulas that had been diagnosed by fine needle aspiration cytology, and they were all treated with the standard two-incision fistula technique (Figs. 1, 2).⁷ There were 10/43 recurrences at the Shanghai Ninth People's Hospital, and 3/9 at the First Affiliated Hospital of Jinan University. Data recorded included age, sex, site, preoperative observations, diameter of the ranula, the type of ranula, number of operations for recurrence, duration of follow-up, and whether or not the sublingual gland was resected. Patients were followed up in the clinic for between nine and a half months and 5 years.

We classified four types of ranulas that recurred: Type I had a thick wall (more than 1 mm); Type II had multiple small cysts at the bottom of the ranula (diameter 3–5 mm); Type III had gelatinous cystic fluid; and in Type IV the cause was unknown (Fig. 3).

Surgical technique

For Type I ranulas, we reduced the thickness of the cyst wall along the incision, which was as long as possible. For Type II, we completed the modified two-incision fistula technique with sutures for the ranula, but not for the cysts. For Type III, we removed the gelatinous cystic fluid, reduced the thick wall, and irrigated the whole site with a large amount of normal saline. We had only one patient with Type IV, and the ranula had none of these complications.

Results

Table 1 summarises the clinical details of the 13 patients with recurrences. They ranged in age from three to 42 years, mean (SD) age 14 (13) years, and there were eight women and five men. The ranula was on the left side in seven, and on the right in six. The lesions were cured after a second or third

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