



Ranula on the Floor of the Mouth

IMAGE

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A 9-year-old boy presented with a history, gradually progressive swelling in his mouth for seven months. There was no history of fever, trauma or any oral surgery. On examination, there was a 2*3 cm, bluish, smooth-surfaced swelling on the floor of the mouth (Fig. 1). There was no palpable swelling or lymph nodes in the neck. A provisional diagnosis of oral ranula was made, and the mass was excised through the intraoral route. The histopathology was consistent with the diagnosis (Fig. 2). The patient was asymptomatic in six months follow up, with no evidence of recurrence. The word rana in Latin means frog; it is the source of the term ranula and describes a blue translucent swelling in the floor of the mouth resembling the underbelly of a frog. Ranula is a pseudocyst that is associated with mucus extravasations into the surrounding soft tissues. It occurs as the result of trauma or obstruction to the salivary gland excretory duct. It is of two types: 1. Oral: occur due to mucus extravasations above the mylohyoid muscle; Cervical (or plunging): Occur due to mucus extravasations along the fascial planes of the neck rarely, they may be mixed type (1). Most oral ranulas are asymptomatic and patients usually present with a unilateral or bilateral painless swelling of the floor of the mouth. The differential diagnosis includes dermoid cyst, lymphangiomas and sublingual gland tumor. When large, the mass may interfere with speech, mastication, respiration, and swallowing because of the upward and medial displacement of the tongue (1). A cervical ranula presents as an enlarging asymptomatic neck mass. The diagnosis is clinical and ultrasound of the neck or CT scan may be required only in large oral ranulas or plunging ranulas (2). The treatment is surgical either by intra oral or external approach (2). The cyst is excised along with the associated salivary gland from which it arises. Smaller lesions can be managed with marsupialization of the ranula; however, this is associated with a higher recurrence rate (2). The prognosis is good and recurrences are rare.



Figure 1. A smooth bluish-colored swelling in the floor of the mouth

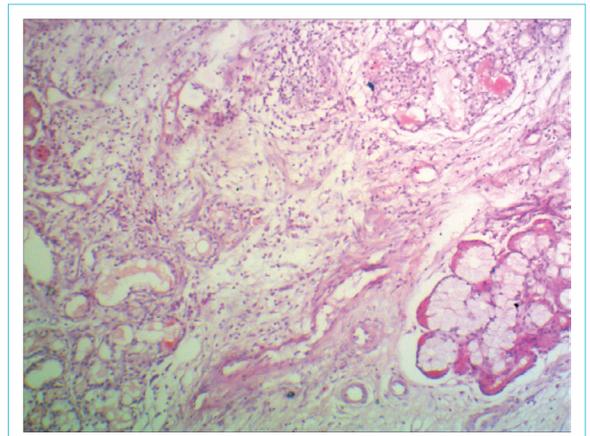


Figure 2. Sub-epithelium showing edematous stroma and mucosal glands with mixed inflammatory infiltrates [HE, 40X]

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