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SCALPEL EXCISION METHOD FOR THE TREATMENT OF MUCOCELE ON THE LOWER LIP: A CASE REPORT

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Abstract: Mucoceles are common benign lesions that typically occur in the oral cavity, often resulting from the rupture of minor salivary gland ducts. These lesions most commonly affect the lower lip and can present as painless, fluctuant swellings with a bluish hue. Various treatment modalities are available for mucoceles, including surgical excision. This case report presents a 30-year-old patient with a mucocele on the lower lip, treated successfully using the scalpel excision method. The clinical presentation, diagnostic process, surgical procedure, and postoperative outcomes are described. The patient experienced a smooth recovery with no signs of recurrence during the follow-up period. The scalpel excision method offers a straightforward and effective treatment option for mucoceles on the lower lip, providing patients with symptom relief and aesthetic improvement.

Keywords: Mucocele, lower lip, scalpel excision, oral cavity, minor salivary gland, benign lesion, surgical treatment, case report, postoperative outcomes, recurrence.

INTRODUCTION

Mucoceles are common benign lesions that frequently occur in the oral cavity, primarily affecting the lower lip. These lesions result from the accumulation of mucus due to the rupture of minor salivary gland ducts, leading to the formation of a painless, fluctuant swelling with a bluish hue. While mucoceles are generally harmless, they can cause discomfort, interfere with speech and eating, and have aesthetic implications for the affected individuals. Prompt and effective management is essential to alleviate symptoms and prevent potential complications.

Surgical excision is one of the treatment modalities for mucoceles, and various techniques have been employed to achieve successful outcomes. The scalpel excision method is a commonly used approach that offers simplicity, accuracy, and minimal invasiveness in the removal of mucoceles. This case report presents a 30-year-old patient with a mucocele on the lower lip, treated using the scalpel excision method at our dental institution.

METHOD

Patient Selection:

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A 30-year-old male patient presented to the dental clinic with a painless, bluish, fluctuant swelling on the lower lip. A thorough clinical examination was performed, and the patient's medical and dental history was recorded. The clinical presentation and diagnostic findings were consistent with a diagnosis of mucocele.

Surgical Procedure - Scalpel Excision:

Under local anesthesia, the patient underwent the scalpel excision procedure. The surgical site was cleaned and disinfected, and a sterile drape was placed to maintain aseptic conditions. A number 15 surgical scalpel blade was used to make an incision along the borders of the mucocele, taking care to avoid damaging adjacent structures. Gentle dissection was carried out to free the mucocele from the surrounding tissue. The surgical specimen was collected and sent for histopathological examination to confirm the diagnosis.

Wound Closure:

The wound was meticulously inspected for any remaining glandular tissue or debris. Hemostasis was achieved, and the wound edges were approximated using absorbable sutures. A sterile pressure dressing was applied to promote hemostasis and protect the surgical site.

Postoperative Care:

Postoperatively, the patient was prescribed analgesics and instructed to follow proper wound care measures. He was advised to maintain a soft diet and avoid trauma to the lip area. The patient was scheduled for regular follow-up visits to monitor healing progress and ensure adequate recovery.

Follow-up and Evaluation:

The patient attended follow-up appointments as scheduled. Wound healing was found to be satisfactory, with no signs of infection or complications. The sutures were removed at the appropriate time, and the patient reported significant relief from the discomfort caused by the mucocele.

Discussion:

The scalpel excision method is a straightforward and effective technique for the removal of mucoceles on the lower lip. It allows for precise excision and minimal damage to surrounding tissues, promoting faster healing and reducing the risk of complications. In this case report, the patient experienced successful resolution of the mucocele without any signs of recurrence during the follow-up period.

Conclusion:

The scalpel excision method offers a reliable and minimally invasive approach for the treatment of mucoceles on the lower lip. It provides patients with symptom relief, improves aesthetics, and ensures a smooth recovery. This case report highlights the effectiveness of the scalpel excision technique as a viable

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option in managing mucoceles, contributing to the existing body of knowledge on oral lesion management. Further research and long-term follow-up studies are warranted to validate the findings and explore the long-term efficacy of the scalpel excision method in treating mucoceles.

RESULT

The 30-year-old male patient with a mucocele on the lower lip underwent successful treatment using the scalpel excision method. The surgical procedure was performed under local anesthesia, and the mucocele was meticulously excised, achieving complete removal. The wound closure was uneventful, and the patient was provided with appropriate postoperative care instructions. During the follow-up period, the patient experienced satisfactory healing with no signs of infection or complications. The patient reported significant relief from the discomfort caused by the mucocele, and there was no evidence of recurrence during the follow-up visits.

DISCUSSION

Mucoceles are common benign lesions that typically occur in the oral cavity, and their management often involves surgical excision. The scalpel excision method is a well-established and effective technique for removing mucoceles on the lower lip. It offers several advantages, including precise excision, minimal damage to surrounding tissues, and faster healing. In this case report, the successful treatment outcome further supports the efficacy of the scalpel excision method in managing mucoceles.

The patient's symptoms and aesthetic concerns were significantly alleviated following the surgical excision. The use of local anesthesia allowed for a comfortable and relatively pain-free procedure. The wound healing was uneventful, and the patient's compliance with postoperative instructions contributed to the favorable outcomes observed during the follow-up period.

CONCLUSION

The scalpel excision method is a reliable and minimally invasive treatment option for mucoceles on the lower lip. This case report demonstrates its successful use in managing a mucocele, providing symptomatic relief and improved aesthetics for the patient. The technique's simplicity, accuracy, and minimal invasiveness make it a preferred choice for oral lesion excisions, particularly in the case of mucoceles.

The positive outcome of this case supports the effectiveness of the scalpel excision method in treating mucoceles. However, individual patient characteristics and lesion characteristics should be considered when determining the most appropriate treatment approach. While this case report presents a successful outcome, further research and larger studies are warranted to validate the findings and explore the long-term efficacy of the scalpel excision method for the treatment of mucoceles on the lower lip.

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Overall, the scalpel excision method offers a safe and effective solution for managing mucoceles on the lower lip, contributing to the improvement of oral health and patient satisfaction. As part of comprehensive oral care, early diagnosis and timely intervention using the scalpel excision method can ensure successful outcomes and enhance the quality of life for patients affected by mucoceles.

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