

CASE OF SUBLINGUAL KERATINOUS CYST



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INTRODUCTION

EPIDERMOID & DERMOID CYTS

are benign lesions derived from germinal epithelium, that can be found throughout the body.

- Epidermoid cyst are non odontogenic lesions.
- Present in 2nd or 3rd decade of life.
- **Painless, asymptomatic mass, slowly increasing in size, usually located in the midline, above or below the mylohyoid muscle**

2 THEORIES

1. They are the result of residual ectodermal tissue of the first and second branchial arches, which fuse during the third and fourth weeks of intra-uterine life.
2. second theory suggests that midline dermoid and epidermoid cysts may be a variant of the thyroglossal duct cyst with ectodermal elements predominating .

MEYER • classified the cysts of the floor of the mouth into three groups,

EPIDERMOID CYST

epithelial lined wall that may be partly keratinized.

DERMOID CYST

skin appendages such as hair follicles, hair, sweat and sebaceous glands.

TERATOMAS

skin appendages, mesodermal elements like bone, muscle, respiratory and gastrointestinal tissues and a fibrous capsule

CASE DETAILS

POOJA W/O RAKESH

- Age/sex – 21/ female
- Address- Ujjain
- **CHIEF COMPLAINTS**– swelling in floor of mouth since 2 years

HISTORY OF PRESENTING ILLNESS –

My patient was alright when she presented with the **painless swelling in floor of mouth** , insidious onset, initially small in size of less than pea and later progressed gradually to size **3 x 3 cm** approximately, associated with **slight difficulty in chewing and swallowing of solid food** , no relieving and aggravating factors, no increase in size of swelling was noted on chewing of food

EXAMINATION– It was a **solitary midline swelling** in the floor of mouth measuring 3x3 cm , non tender , pinkish ,non fluctuant , doughy in consistency , non mobile , and the overlying mucosa showed no secondary changes Tongue was pushed upwards and posteriorly. **Transillumination test was negative** . No inflammatory signs or lymphadenopathy was associated with the swelling.

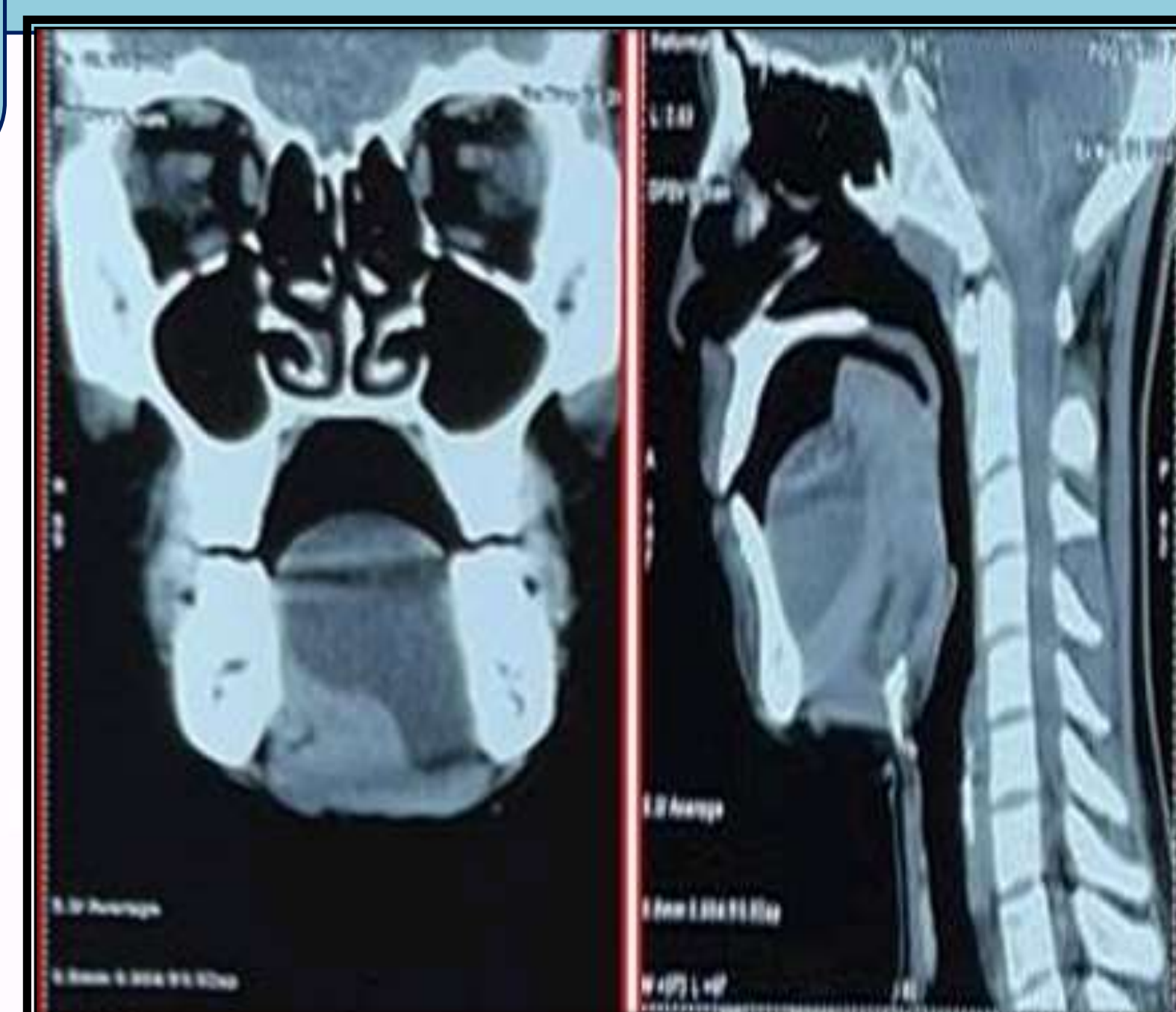
INVESTIGATIONS

1.FNAC

2.CT Neck and Oral cavity

s/o A thin walled non enhancing cystic lesion in the floor of mouth in the left sublingual space . The lesion measures 5 x 3.2 x 4.5 cm

3, MRI NECK & ORAL CAVITY



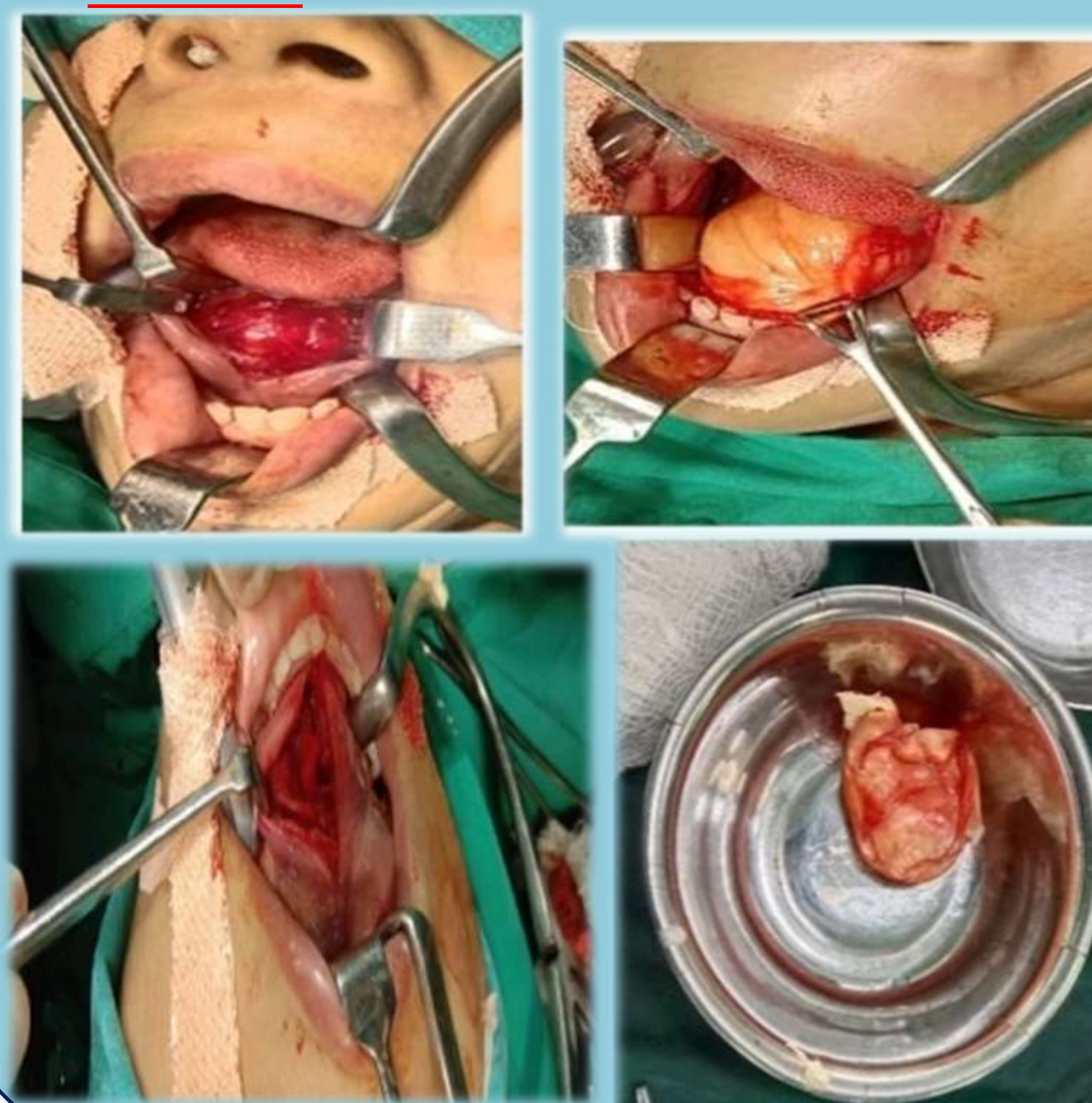
Differential diagnosis

- **Infectious** – Ludwig angina, cellulitis/ abscesses
- **Embryonic / Developmental** – Ranula , cystic hygroma , mucocele , thyroglossal duct cyst.
- **Benign tumors** – keratinous cyst , dermoid cyst, hemangioma
- **Sublingual hematoma**

TREATMENT

INTRAORAL APPROACH

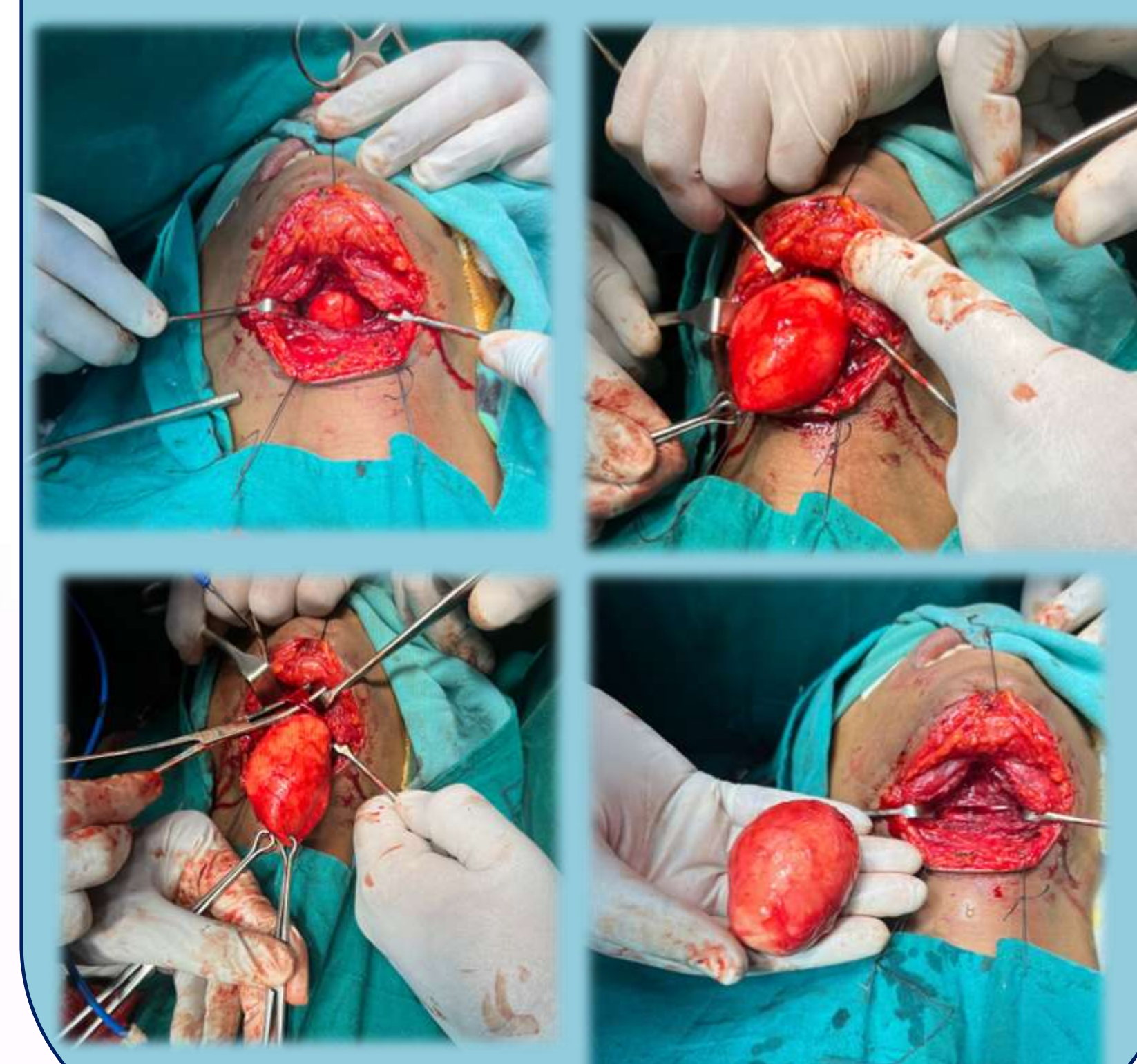
A midline vertical, mucosal incision is performed along the ventral surface of the tongue. Cyst enucleation is done through this route if its above genioglossus muscle.



EXTRAORAL APPROACH

External incision can be given and the cyst can be excised.

One case of dermoid was excised externally as depicted in pictures here.



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CONCLUSION

Dermoid and epidermoid cysts are benign lesions that can be seen on the floor of the oral cavity. When a cystic mass is detected on the floor of oral cavity, we must consider dermoid cysts for differential diagnosis. Surgery is the only treatment. If possible, intraoral approach should be preferred because of its perfect cosmetic results.