Swellings in the Floor of the Mouth
Oral Floor Swellings

- Mucocele (Ranula)
- Plunging Ranula
- Dermoid Cyst
- Glandular Hyperplasia (SMG)
- Sialolithiasis, SMG sialadenitis
- Squamous Cell Carcinoma
- SMG/SLG Salivary Tumor
- Mesenchymal neoplasms
- Lymphadenitis
Mucocele/Ranula

- Severage of Stenson’s Duct
- Severage of minor SLG ducts
- Mucous Escape Reaction
- Plunging ranula: deep extravasation of mucous into sublingual space
- Ventral tongue mucoceles have a tendency to recur after excision
Mucoceles from Glands of Blandin Nunn
Dermoid Cyst

• Typically arises in the midline
• Doughy or even hard to palpation
• Begins in childhood and slowly enlarges to become noticeable in adult life
• Keratinizing cyst with skin adnexa in the wall (hair follicles, sebaceous glands)
• Some contain tissues from all three embryonic germ layers “Teratoid Cyst”
• Tx: simple excision, avoid severance of salivary ducts
Dermoid Cyst
Benign Lymphoepithelial Cyst

- Sometimes referred to as ectopic cystic tonsil of lymph node
- Floor of mouth, ventral tongue, soft palate
- Microscopic appearance of tonsillar tissue with SSE lined crypts that become filled with keratin. The wall of the cyst contains lymphoid tissue with germinal centers
- Tx: Simple excision
Benign Lymphoepithelial Cyst
Benign Lymphoepithelial Cyst
Sialolithiasis

- Nidus of bacteria and dead ductal epithelial cells calcifies and undergoes concretional enlargement
- Blockage of submandibular duct, no flow of saliva
- Pain at mealtimes
- Total blockage leads to chronic sclerosing sialadenitis > retrograde bacterial sialadenitis
- Tx: small stones can often be bidigitally worked out of the duct. Larger sialoliths require surgical excision with ductal repair. Sclerosed SMG must be excised.
Sialolith, SMG

Pus from secondary Bacterial infection
Adenomatoid Hyperplasia

- Herniation of submandibular gland or minor sublingual glands
- Soft movable mass that may only become obvious while pushing upward in the submental region
- Biopsy is required to rule out possible neoplasms
SMG Hyperplasia
Squamous Cell Carcinoma

- Oral Floor is second most common site for SCCA (tongue most common)
- Evolution from pre-existing precancerous leukoplakia, erythroleukoplakia
- Males > Females, 6th decade and older
- Smoking/alcohol risk factors
- Tx: Surgery with XRT
Squamous Cell Carcinoma

Precancerous Lesions

Carcinoma
Mesenchymal Neoplasms

- Nerve Sheath tumors, leiomyoma, angiomas, varices, lipoma, reactive proliferations
- Soft to firm and movable
- Any age, any sex
- Tx: Enucleation/excision
Mesenchymal Tumors

Neurofibroma

S-100
Mesenchymal Tumors

- myofibroma
- neurilemmoma
- lymphangioma
Salivary Gland Tumors

- Arise from SMG, SLG or minor sublingual glands in the floor of the mouth
- All varieties of benign and malignant salivary tumors can arise in the oral floor, yet this is a uncommon site when compared to the Parotid and upper airway minor glands of the mouth and nose
- Adenocarcinomas will metastasize to the cervical lymph nodes
Salivary tumors

Benign mixed tumor

Adenoid cystic carcinoma
Nonspecific Lymphadenitis

idiopathic vrs odontogenic infection