

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

Ranula



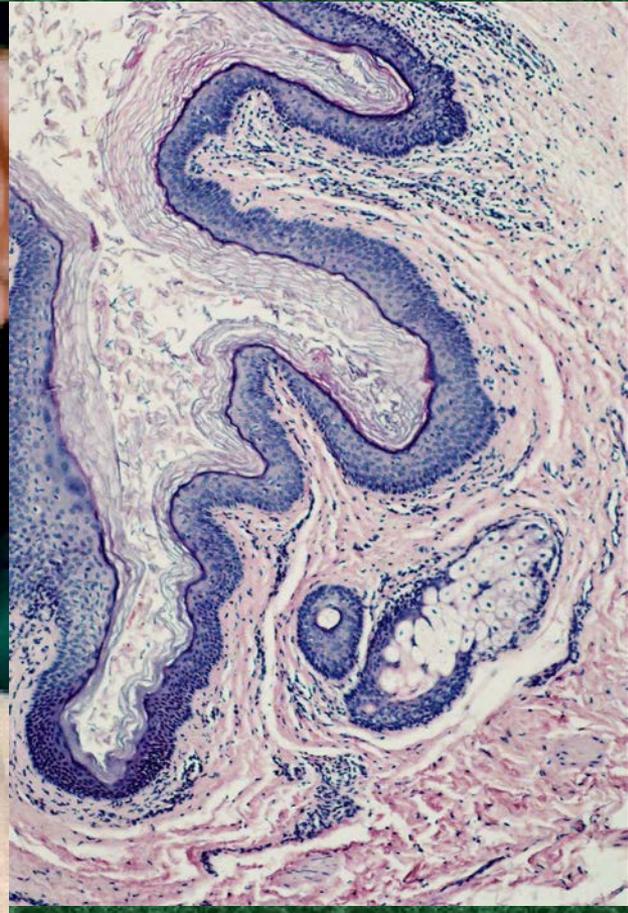
Mucoceles from Glands of Blandin Nunn



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

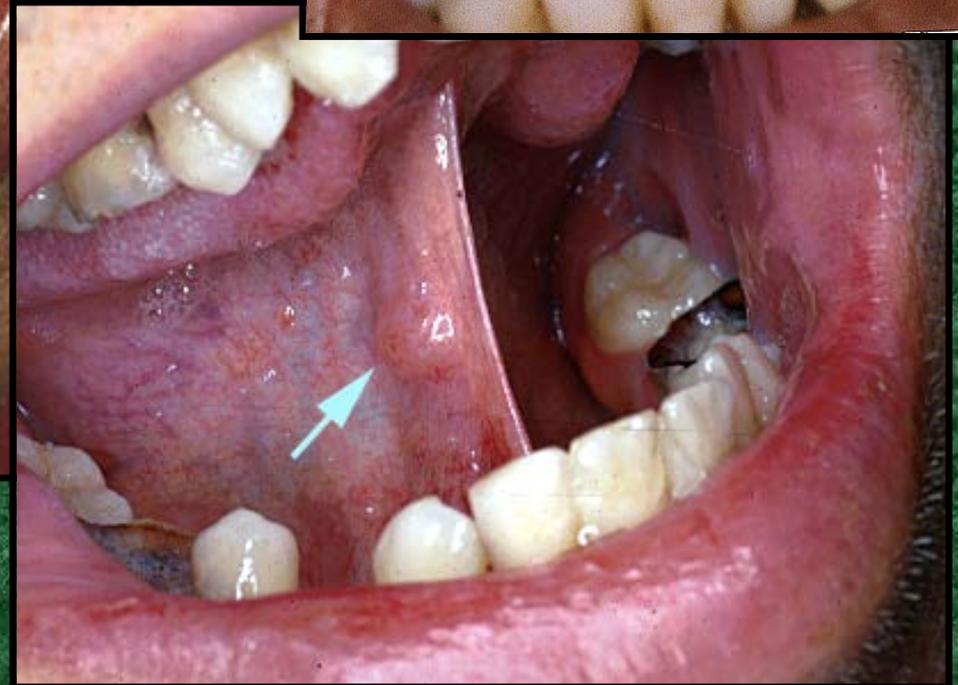
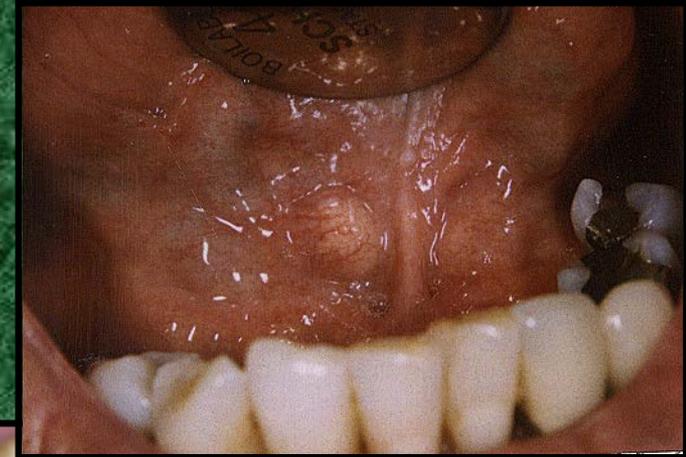
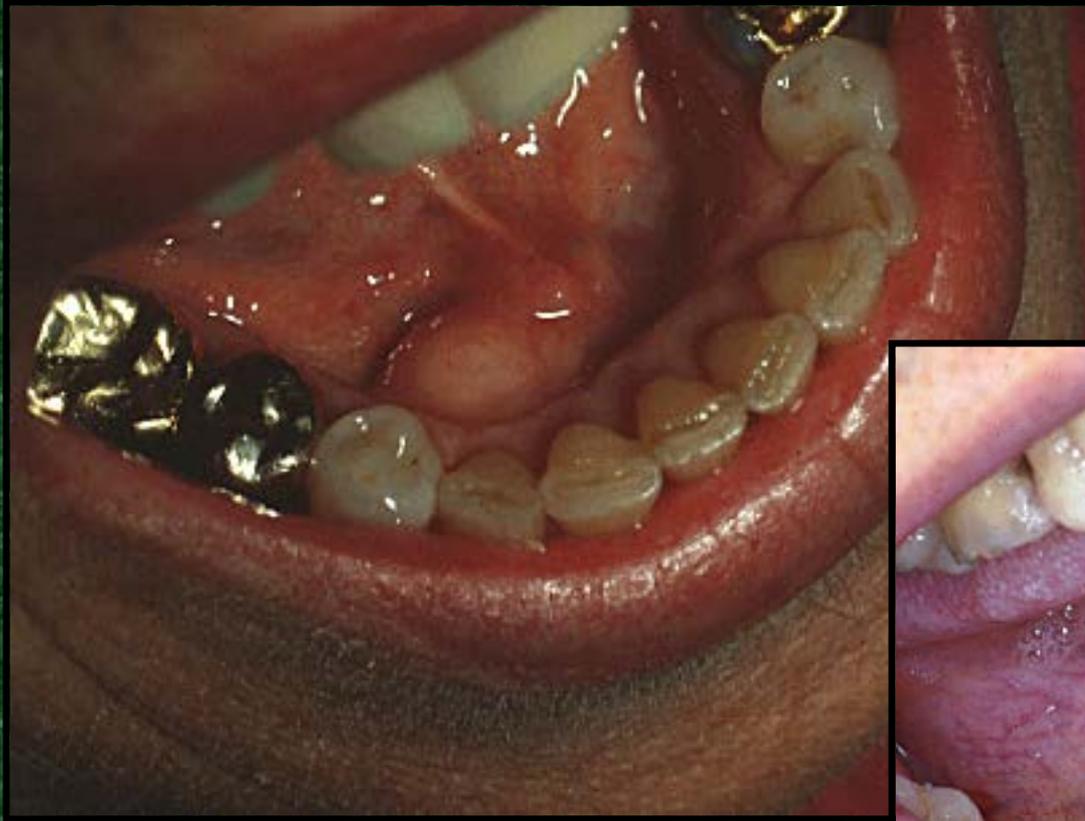
Dermoid Cyst



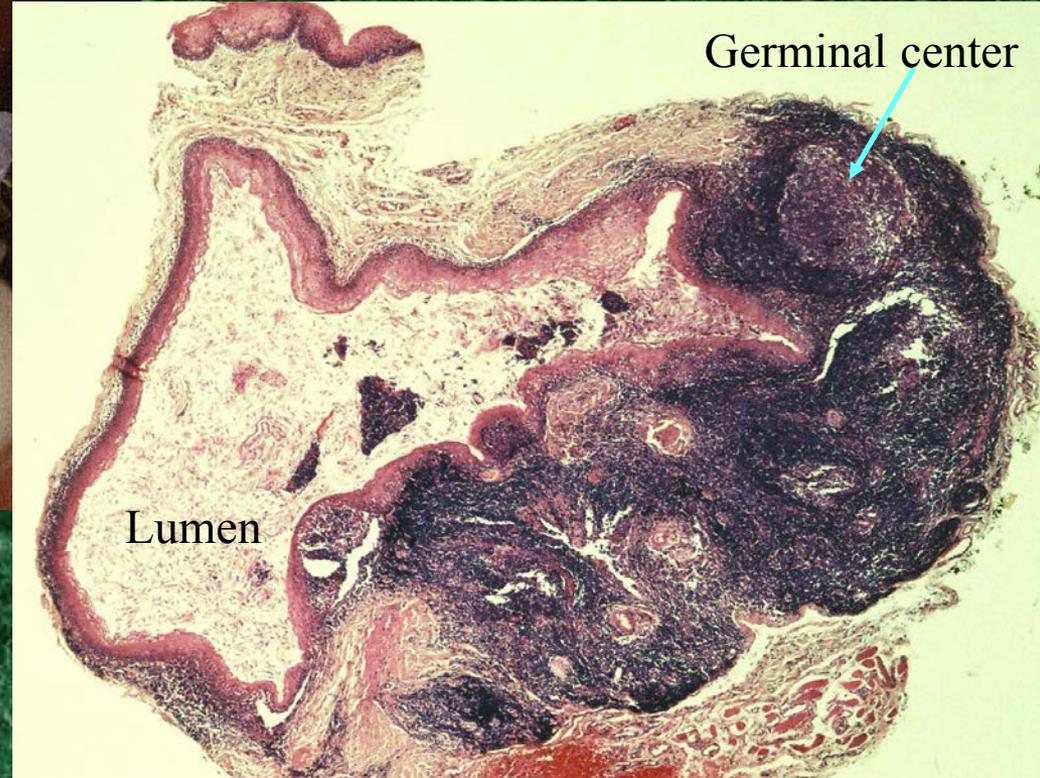
Benign Lymphoepithelial Cyst

- 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 Lymphoepitheial Cyst



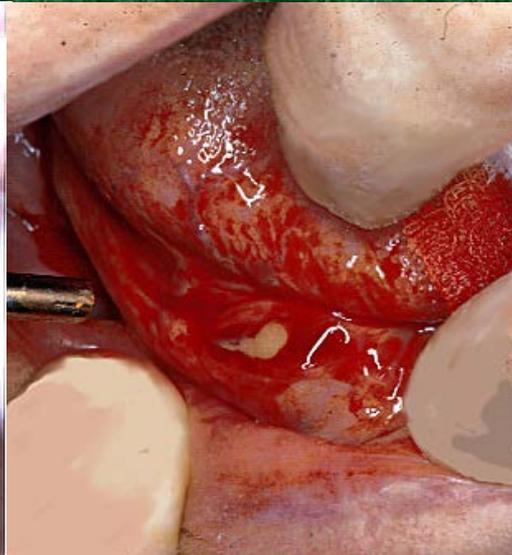
Benign Lymphoepithelial Cyst



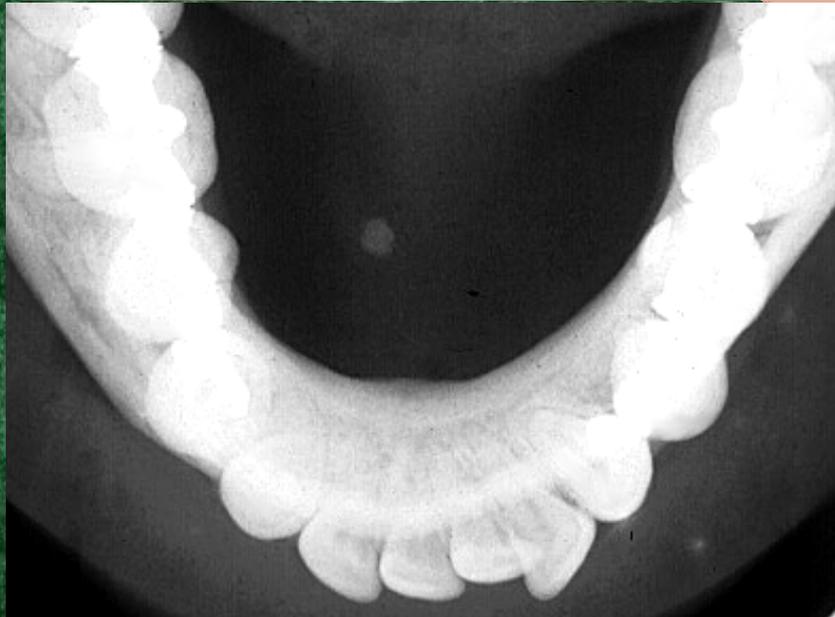
Sialolithiasis

- Nidus of bacteria and dead ductal epithelial cells calcifies and undergoes concretionary 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



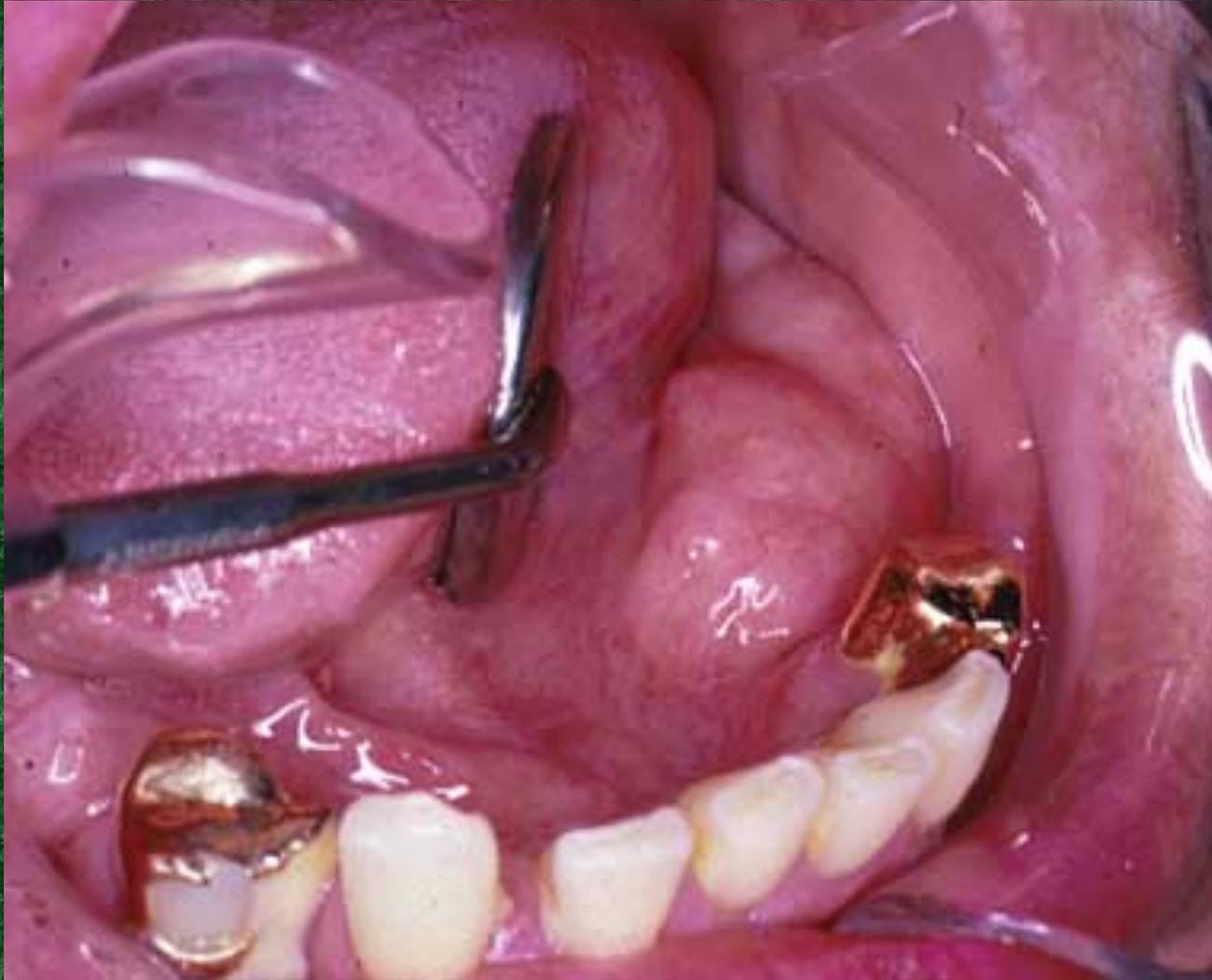
**Pus from secondary
Bacterial infection**



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



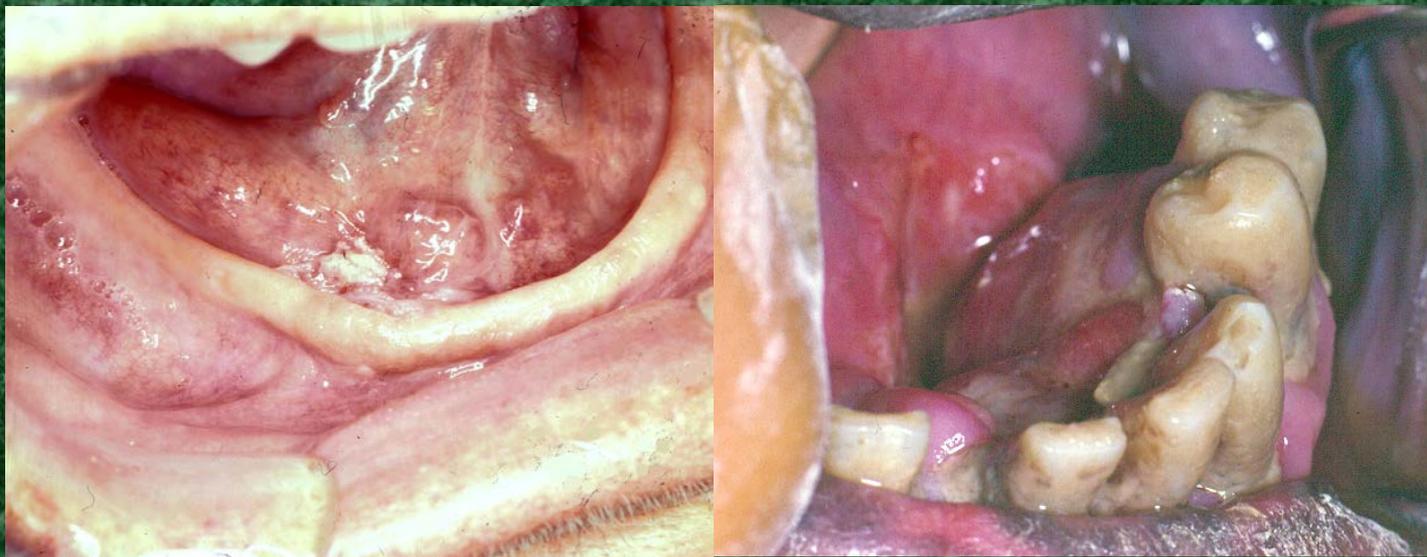
Squamous Cell Carcinoma

- 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



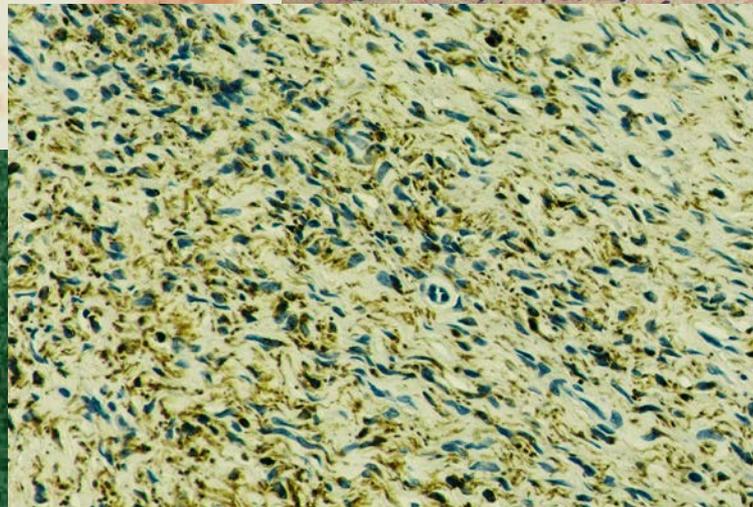
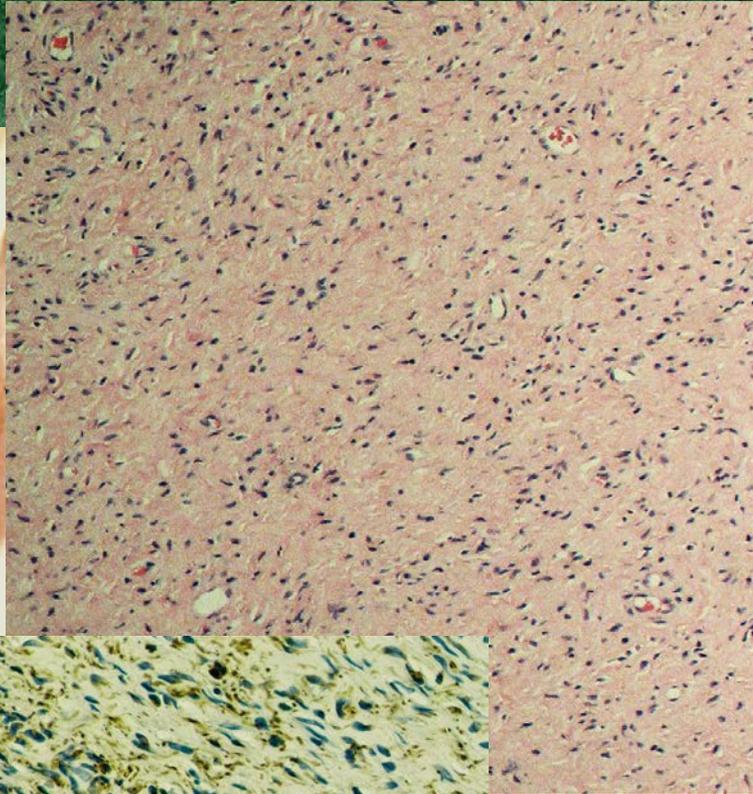
Carcinoma

Mesenchymal Neoplasms

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

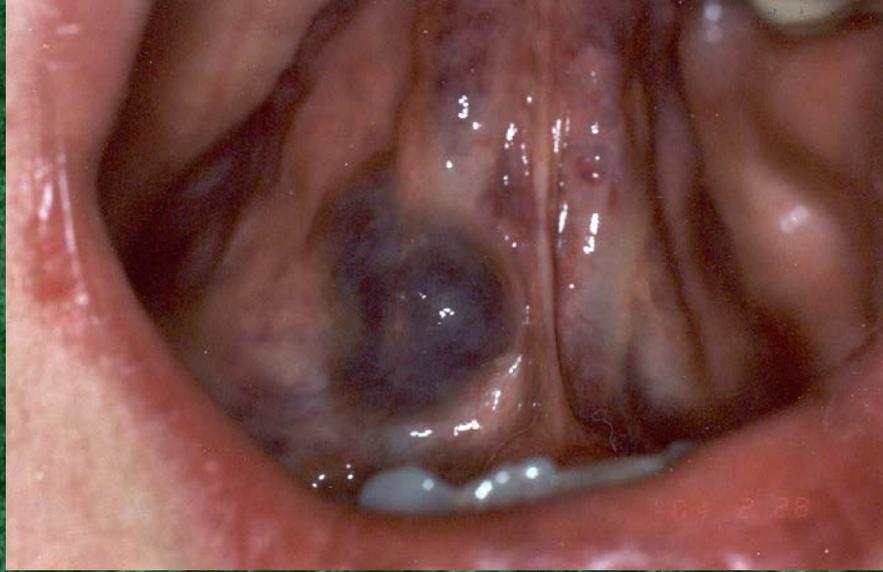
Mesenchymal Tumors

Neurofibroma

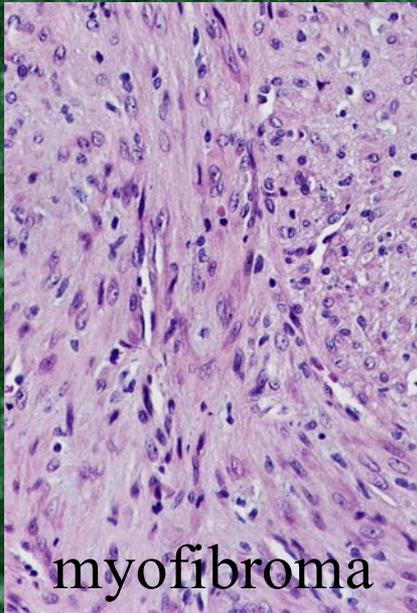
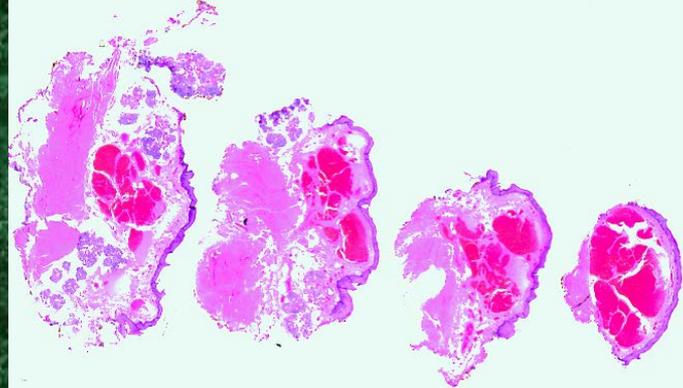


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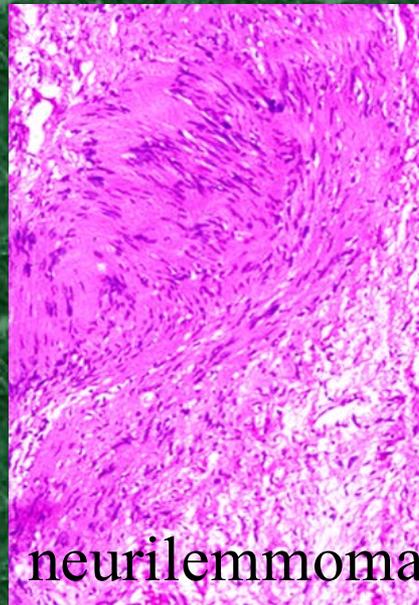
Mesenchymal Tumors



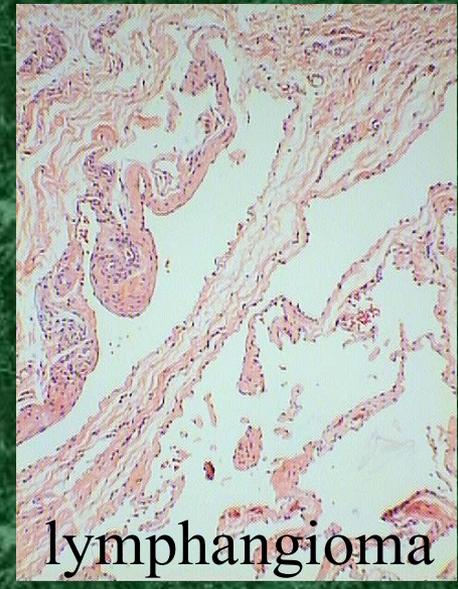
varix



myofibroma



neurilemmoma

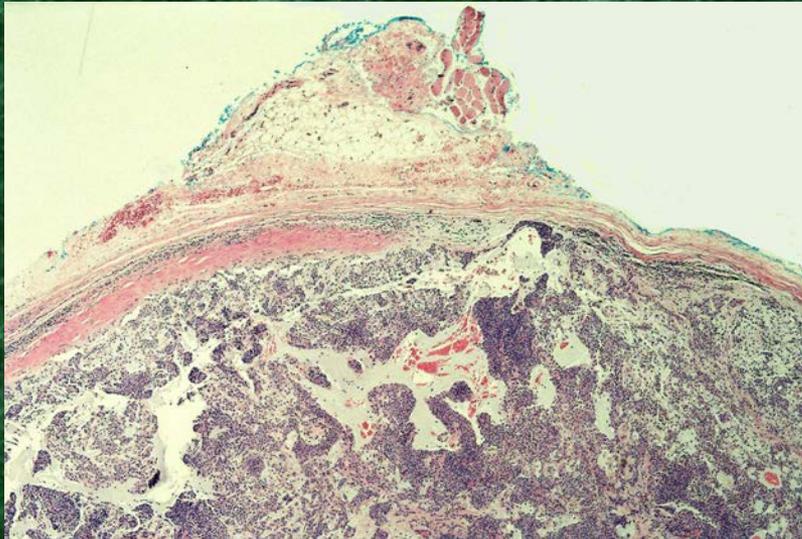


lymphangioma

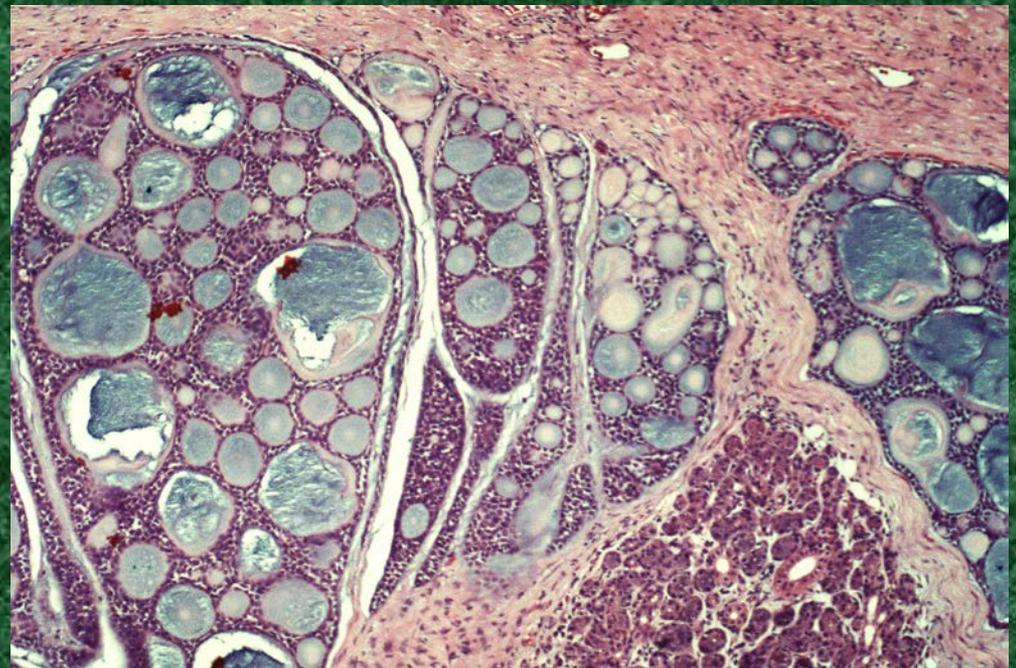
Salivary Gland Tumors

- 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

