

## A Case of Oral Lymphangioma Mimicking Mucocele

*To the editor* - Lymphangiomas are benign hemartomaous tumours of lymphatic channels [1]. They are mostly seen at birth or early childhood. There are capillary, cavernous and cystic types of lymphangiomas. Head and neck are the mostly encountered regions for lymphangiomas but they can be seen in all parts of the body including mucosal areas. However, oral cavity localizations are extremely rare, if seen, they involve dorsum of tongue as the most frequent, palate, buccal mucosa, gingiva and lips [2]. Mucocele is a common cystic mucous-filled lesion of oral cavity originated from minor salivary glands.

23 yrs male patient admitted to dermatology outpatient department complaining from a lump on his lower lip emerged six months ago (Figure 1). He had no subjective symptom except cosmetic concern and the lesion did not grow during this time. In examination, an edematous and erythematous slightly verrucous papule measuring 6x9 mm was observed over inner surface of lower lip. The patient was sent to be excised as a preliminary diagnosis of mucocele to ENT surgeon. Excisional biopsy was done followed by primary suturing. Pathological examination revealed dermal thinning, dilatation of lymphatic channels filled with lymph fluid compatible with lymphangioma (Figure 2). There was no recurrence in follow-up of the patient during one year.

Lymphangiomas are benign hemartomaous tumours of lymphatic channels. They are caused by broken central lymphatic drain finally resulting to accumulation of lymphatic secretions and channel dilatation. Half of all lymphangiomas are observed at birth while 90% of them seen first 2 years of life [1]. Lymphangioma during adulthood is extremely rare [2]. Although every part of the body may be involved, 75% of them are seen in head and neck region [1]. Proximal extremities, hip and trunk are other involved areas respectively. Oral lymphangiomas are so rare. Dorsum of tongue, palates

buccal mucosa, gingiva and lips are the areas of oral localizations of lymphangiomas [3]. Lower lip lymphangiomas constitute 6 % of oral lymphangiomas [3].

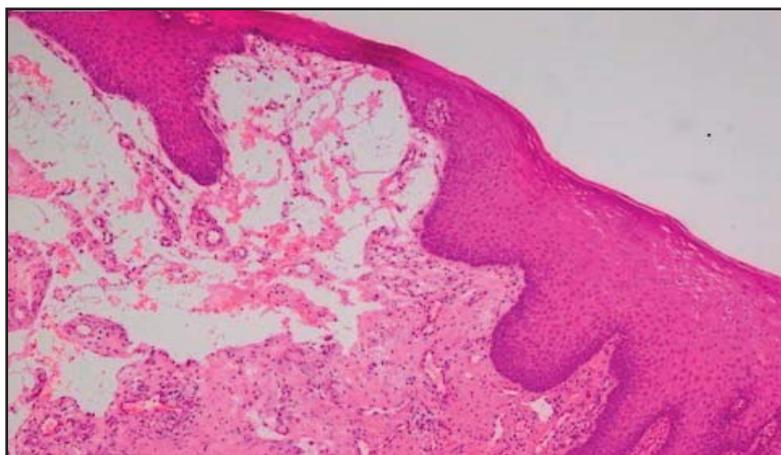
In addition to cosmetic disfigurement, oral lymphangiomas may cause to speech and feeding problems as well as macroglossia in terms of involved area in oral cavity. Sometimes fatal cases had been reported due to secondary infection and trauma [1,2,4]. Our patient had admitted to hospital only for cosmetic concern. Solitary lesion resembling mucocele and its common location on inner surface of lower surface in adult age did not make us think of a lymphangioma diagnosis at presentation. Acinic cell carcinoma was also reported which has an initial diagnosis of mucocele [5]. Additionally, lymphoepithelial cysts should be put as a differential diagnosis of lymphangioma [6].

The clinical appearance of lymphangioma mainly depends on depth of the lesion. Superficial lymphangiomas are generally seen as smooth surfaced lumps containing clear and rarely pink or yellowish fluid [2]. However a superficial solitary lump like our case may be easily confused with mucocele.

Histopathological features of lymphangioma are very suggestive, which has dilated lymphatic channels containing erythrocytes, lymph fluid, lymphocytes, neutrophils and macrophages [2], whereas mucocele has minor salivary gland tissue filled with mucus in the specimen. Treatment of lymphangiomas is optional according to their localization status: surgical excision, electrocauterization, cryosurgery, radiotherapy, sclerosing agent injection, ablation, embolization, carbondioxide and argon laser use along with frequent recurrence [2,4,7]. Small and clear-margin lymphangiomas can be successfully excised with low recurrence rate like our case who has no reappearing after one year.



**Figure 1.** An edematous papule on his lower lip



**Figure 2.** Dermal thinning, dilatation of lymphatic channels filled with lymph fluid

Consequently, lymphangiomas should be kept in mind in the differential diagnosis of solitary cystic lesions of lower lip mucosa despite mucocele is a primary diagnosis on that location. Surgical excision is an efficient way of removing. Histopathological examination must be done in every mucosal lesion even a definite prediagnosed benign cyst.

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