A 26-year-old woman presented to the maxillofacial surgery clinic with painless oval shape lesion (Panel A, arrow) arisen from the lower lip and extended to the buccal mucosa. According to the patient, the mass arose after repeated trauma (biting) of the mucosa (Panel B, arrowhead) approximately 3 months ago. Once the patient
noted that when she bit the mass, it’s emptied, but then began to grow again. Upon intraoral examination
the lesion measured 1 × 1.8 cm in size. Palpation showed its soft and spongy texture. No bluish pattern of the
surface was noted. B-mode (Panel C) and power Doppler (Panel D) ultrasound demonstrated cystic, avascular
lesion measuring 1.71 × 0.92 cm with echogenic content (asterisk), no signs of echogenic debris, and distinct
margins. Acoustic shadowing behind the hyperechogenic vestibular surface of the lower teeth is labeled by
circles. The depth of the cropped sonograms is 1.56 cm.

Mucocele of the oral cavity (synonyms: oral mucocele, mucous cyst, retention cyst, retention cyst of the
minor salivary gland, mucous retention cyst) is a cystic lesion of the minor salivary gland due to its duct
alternation/inflammation and subsequent accumulation of saliva. Differential diagnostics of mucocele is
usually performed with other similar oral masses: lipomas, lymphangiomas, and hemangiomas. Removal of
mucocele includes the excision of mucous cyst associated overlying mucosa, own glandular tissue and other
minor salivary glands which are visualized in the wound. Histopathologically, two types of oral mucocele are
distinguished: retention and the more often, extravasation variant.

Summarizing, despite the majority of mucocele cases presented with mucosa surface color ranged from
deep blue to light blue, our case clearly shows a mucocele with a pink color of mucosa above. Recurrence is
a complication usually associated with a violation of the operation technique. ■ DTJournal