

“Ranula” - A Cystic Swelling in Floor of Mouth

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ARTICLE INFO

Article history:
Received: 21 May 2018
Accepted: 23 May 2018
Published: 24 May 2018

Keywords:

Ranula;
Swelling;
Floor of mouth

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SL Pediatr Ther
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Citation this article: Shrestha P, Sakthivel
P, Amit Singh C. “Ranula” - A Cystic
Swelling in Floor of Mouth. SL Pediatr Ther.
2018; 2(1):112.

Clinical Image

A 14 year old female presented with one year history of gradually progressive swelling under the tongue along with mild discomfort during swallowing. There is no history of trauma. The swelling was not associated with fever or purulent discharge. On physical examination, there was a soft, nontender, fluctuant, bluish swelling of about 4cm diameter on the right side of the floor of the mouth crossing midline and reaching to left side of floor of mouth. Overlying submandibular skin was normal. A clinical diagnosis of ranula was made and the lesion was excised under general anesthesia. At one year follow up the patient remains asymptomatic.



Figure 1: Floor of mouth swelling depicting classical Ranula

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The term “ranula” is derived from the Latin word “rana”, which means frog. Ranula describes a diffuse swelling in the floor of the mouth caused by either a mucous extravasation or, less commonly, a mucous retention due to rupture or blockade of salivary duct derived from the major sublingual or submandibular salivary glands reminiscent of the underbelly of a frog. The main differential diagnosis includes vascular malformations such as lymphangiomas, infectious abscesses, and soft-tissue tumors [1]. Ranulas usually present as painless, translucent bluish masses in the floor of the mouth below the tongue, usually with no other associated symptoms or signs. Aspiration and marsupialization have been advocated in the past; however, the rates of recurrence tend to be very high with these techniques. Definitive treatment of a ranula consists of complete excision, usually involving the affected salivary gland [2].

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