

## Spontaneous regression of a yellow sublingual swelling: a case report

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### Abstract

*A case of a yellow sublingual swelling in a 5-year-old child is reported. The lesion, noticed shortly after birth, disappeared spontaneously before definitive treatment could be carried out. It is presumed that the lesion was either a lipoma or a lymphoepithelial cyst, and that its subsequent disappearance was due to minor trauma.*

### Introduction

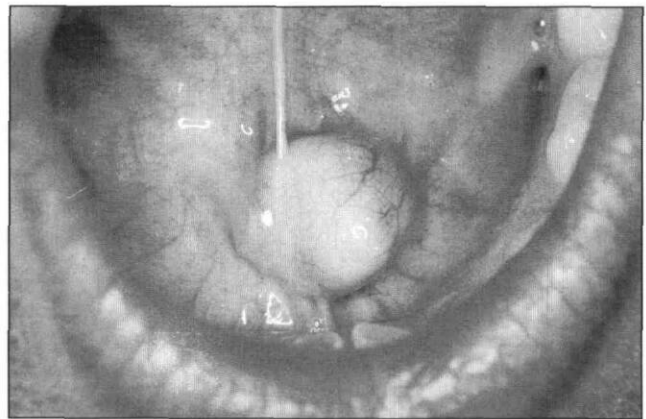
Yellow swellings are an uncommon occurrence in the oral cavity and the variety of conditions is small. More common entities, but still rare, are lipomas, lymphoepithelial cysts, and abscesses. A case report of spontaneous regression of a yellow swelling, presumed to be either a lipoma or lymphoepithelial cyst in the floor of the mouth, is presented. The swelling had been present for five years.

### Case Report

A 5-year-old boy was referred to the Dental School at Dublin, Ireland, by his general dentist for investigation of a swelling that had been noticed at the child's first dental visit. The parents became aware of the swelling shortly after the child was born. There was no pain and the swelling had increased slowly in size during the five years.

Clinical examination revealed a yellow, nontender, mobile, soft swelling in the floor of the mouth (Fig 1). The swelling measured 12 x 12 mm and was situated to the left of the lingual frenum in the region of the orifice of the duct of the submandibular salivary gland. The swelling approximated the midline, the overlying mucosa was intact and appeared thinned, and the underlying blood vessels were visible.

A mandibular true occlusal radiograph was taken which confirmed a soft tissue mass with no evidence of calcification (Fig 2, see next page). A provisional diagnosis of lipoma of the floor of the mouth was made in view of the color, consistency, and position of the



**Fig 1.** Yellow swelling to the left of the lingual frenum with blood vessels visible through the mucosa.

swelling. Surgery was scheduled to remove the swelling, but the surgery was postponed because the child had a respiratory infection. Ten days later, the child's father telephoned, saying that the swelling had disappeared suddenly. At review two days later, there was no clinical (Fig 3, see next page) or radiographic evidence of the swelling. It was not possible to determine whether the swelling had herniated through the thin mucosal covering, or whether it had ruptured into the mouth with subsequent clinical resolution.

### Discussion

The lipoma is a slow growing, benign tumor composed of mature fat cells, which can occur at any age. Hatziotis (1971), in his review of the literature, found that more than 80% of lipomas presented after the age of 40 years, but lipomas have been reported in younger children (Yoshimura et al. 1972). The common sites affected are the buccal mucosa, tongue, and floor of the mouth. The swelling may be superficial or deep, and when deep, may not show the typical yellow appear-

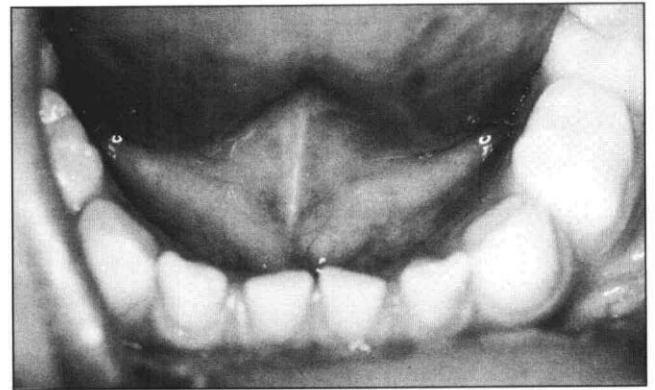


**Fig 2.** Underexposed mandibular true occlusal projection showing the dimensions of the soft tissue mass (arrows).

ance (Coghlan 1983). Treatment is surgical removal and recurrence is rare.

The lymphoepithelial cyst is thought to arise from oral epithelium trapped within lymph nodes or lymphoid tissue during development (Regesi and Sciubba 1989). In Bhaskar's series (1966) the youngest patient was 2 years old, and the mean age was 36 years. The youngest patient in the series of Buchner and Hansen (1980) was 14 years old, and the mean age 29.8 years. The condition appears to be more common in males. The swelling is either yellow or yellow/red and typically is located on the tongue or in the floor of mouth, but it can occur on the soft palate, anterior pillar of the fauces, or retromolar pad. Treatment is surgical excision, and recurrence is rare. The clinical diagnosis of lymphoepithelial cyst may be difficult, and Buchner and Hansen (1980) indicated a variety of conditions that may cause confusion in diagnosis (Table).

Consideration should be given to the use of radiographs in diagnosis of soft tissue masses. In this case, the underexposed mandibular true occlusal projection, showed the lesion and excluded the presence of salivary duct calculi as a cause of the swelling. It would appear that spontaneous regression of either a lipoma or lymphoepithelial cyst has not been reported. Unfortunately, histopathology was not available in this case. The disappearance of the swelling presumably occurred following minor trauma resulting in herniation



**Fig 3.** The floor of the mouth as it appeared three days after the swelling disappeared.

**TABLE.** Clinical diagnoses associated with lymphoepithelial cysts (based on Bucher and Hansen, 1981)

Mucocele
Lipoma
Sialenadenitis
Inclusion cyst
Hyperplastic lymphoid tissue
Papilloma
Chronic abscess

of the mass through the thin, covering mucosa. The child may have swallowed the cyst, or the cyst may have ruptured, discharging its contents in to the child's mouth. The swelling was gone before the review.

My thanks to Dr. C. Price and Dr. R.W. Priddy for their constructive comments, and to Mr. H. Traeger, who produced the photographs.

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Bhaskar SN: Lymphoepithelial cysts of the oral cavity: Report of twenty-four cases. *Oral Surg* 21:120-28, 1966.

Buchner A, Hansen LS: Lymphoepithelial cysts of the oral cavity. A clinicopathologic study of thirty-eight cases. *Oral Surg* 50:441-49, 1980.

Coghlan KM: Lipoma of the tongue. *Oral Surg* 56:29-30, 1983.

Hatziotis JC: Lipoma of the oral cavity. *Oral Surg* 31:511-24, 1971.