

SHORT COMMUNICATION

Use of Entropion Forceps for Mucocele of The Lower Lip: Technical Note

Takaaki Kamatani¹, Thant Phyu Syn², Tatsuo Shirota²

¹Department of Oral and Maxillofacial Surgery, Showa University School of Dentistry, Japan

²Department of Medical Services, Ministry of Health and Sports, Nay Pyi Taw, Myanmar

Abstract

We describe a novel technique for mucocele excision, which utilises entropion forceps. We have found the technique to be safe and noninvasive, and it yields favourable aesthetic results. Unlike the traditional method, the method we describe can be performed without an assistant, as stopping the bleeding and holding the lip can easily be performed by the operator, via the use of entropion forceps.

Keywords: Mucocele, Entropion forceps, Lower lip

Mucocele is a common benign lesion of the lower lip characterized by the accumulation of saliva or mucoid material, well-circumscribed, transparent, bluish-colored swelling. Common treatment for mucocele is excision holding the lower lip between finger and thumb of assistant [1]. Standard elliptical incision with the overlying mucosa should perpendicular the long axis of the lower lip recommended 3:1 length: width ratio [2].

We report a novel technique that we have found to be safety, noninvasive, and aesthetic. The entropion forceps is a self-retaining with big discoid ends used to hold and prevent an entropion from bleeding during its surgery (Figure 1). We use this entropion forceps for surgical excision of mucocele of the lower lip.

Before start the operation, we marked margin of the mucocele of the lower lip using pyoktanin blue to clarify the incision line. A local infiltrative anesthesia (2% lidocaine with epinephrine 1:80000) for 1.0mL was infiltrated just beneath the mucocele. The lower lip was holed by the entropion forceps as the mucocele was just centered of the discoid. A very superficial incision with a No. 15 scalpel blade was performed on the base of the mucocele opposite side of the vermilion border. Ophthalmic scissors was introduced for separate the mucocele from around tissue. The mucocele could be seen clearly by penetrate out through the incision line (Figure 2). The mucocele

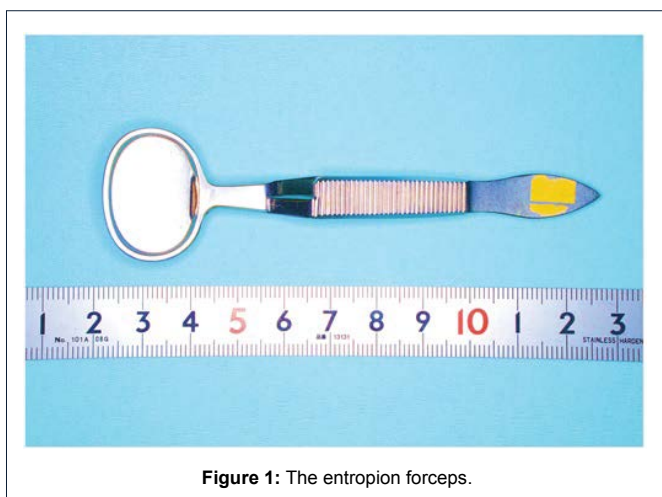


Figure 1: The entropion forceps.

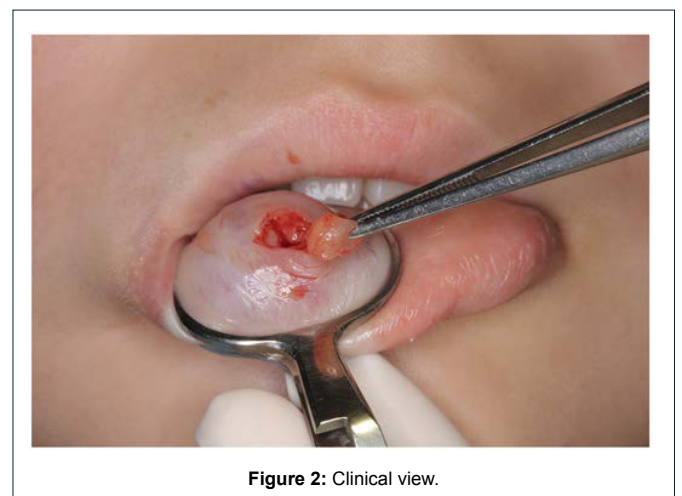


Figure 2: Clinical view.

Correspondence to: Takaaki Kamatani, Department of Oral and Maxillofacial Surgery, Showa University School of Dentistry, Tokyo, 145-8515 Japan. Tel: +81-3-3787-1151, E-mail: kamatanitakaaki[AT]gmail[DOT]com

Received: Dec 03, 2017; **Accepted:** Dec 05, 2017; **Published:** Dec 08, 2017

was attached to the connective tissue at the base where feeding minor salivary glands were present. These minor salivary glands should be removed simultaneously with the mucocele. The incision was closed with a few single interrupted suture with 5-0 VICRYL[®](Ethicon Inc.). The specimen was placed in ten percent formalin for pathological examination.

This method could be decreased the risk of injury of assistant hand and fingers. Bleeding from the wound could be completely stopped. Swelled of mucocele due to pressed by discoid ends of entropion forceps make the incision line of the base of the mucocele confirmed easily and shorten about two thirds of diameter of mucocele. The mucocele was easily extracted from incision of the lower lip due to pressed by the discoid end. Scar tissue could be reduced dramatically due to less excision of tissue around mucocele and no excision of covering mucosa. The patient feeling of discomfort caused by wound closure stitches was negligible as incision line is quite a distance from vermilion border. Operation could be performed

without assistant as stop bleeding and hold the lip easily by operator using this forceps. The process was kept simple and safe for patient and doctor.

Conflict of interest

We have no conflicts of interest.

Ethics statement

The patient's permission was not necessary as no images are identifiable.

References

1. Tilaveridis I, Lazaridou M, Lazaridis N (2011) The Use of Magnification and Microsurgical Instruments for the Excision of Lower Lip Mucoceles. *J Oral Maxillofac Surg* 69: 1408-1410. [[View Article](#)]
2. Ying B (2012) Adjacent Flaps for Lower Lip Reconstruction After Mucocele Resection. *J Craniofac Surg* 23:556-557. [[View Article](#)]

Citation: Kamatani T, Syn TP, Shirota T (2017) Use of Entropion Forceps for Mucocele of The Lower Lip: Technical Note. *Dent Pract* 1: 001-002.

Copyright: © 2017 Kamatani T, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.
