

PICTORIAL SIALOLITHIASIS OF LOWER LIP – HISTOPATHOLOGICAL INTERPRETATION

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Figure-1: Clinical appearance of the lower lip swelling



Figure-2: calculi made up of alternative eosinophilic and basophilic bands, surrounded by a chronic inflammatory infiltrate

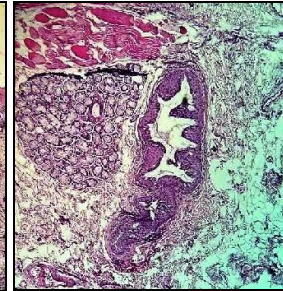


Figure-3: Squamous metaplasia of a minor salivary gland duct

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A 38-year-old male presented to the Department of Oral and Maxillofacial Pathology for the evaluation of a swelling of the lower lip from 2 years. Initially it was asymptomatic, but few days back the lesion was bitten by the patient accidentally during normal mastication, resulted in a mild pain. Intra oral examination revealed a 2×2 cm, firm, movable, well defined, nodular swelling. The color of the overlying mucosa was red and a rough keratotic papillary surface was noted at one place. (Figure-1) On the basis of all the clinical features a provisional diagnosis of mucocele was made. An excisional biopsy was performed and tissue was sent for histopathological evaluation. Histopathological examination revealed heterogenous, lamellated calculi within a lumen of minor salivary gland duct. The calculi showed alternative eosinophilic and basophilic bands, surrounded by chronic inflammatory cells infiltration, chiefly composed of lymphocytes, overlying epithelium was hyperplastic without showing atypical features. (Figure-2). Excretory duct of minor salivary gland showed squamous metaplasia. (Figure-3)

On the basis of histopathological features, a final diagnosis of sialolithiasis was rendered. The follow up period of 1 year is uneventful.

Minor salivary gland sialolithiasis is characterized by a small, solitary submucosal nodule, which is hard and in some cases, can be movable in the surrounding tissue.¹ Since it is rare and its clinical features are not always typical, clinical misdiagnosis is possible.²

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