CONDITION

Oral mucous cyst

An oral mucous cyst is a usually harmless, fluid-filled swelling caused by saliva collecting under the lining of the mouth.

WHAT IT IS
Saliva-filled swelling beneath the mouth lining

BODY SYSTEM
Mouth and salivary glands

MAIN SYMPTOMS
Soft bump, clear or blue colour, swelling, occasional tenderness

WHAT CAUSES IT
Salivary duct injury or blockage

HOW IT IS DIAGNOSED
Mouth examination, sometimes biopsy

MAIN TREATMENT
Observation or minor surgical treatment

CAN IT BE CURED?
Yes, often resolves or can be removed

IS IT AN EMERGENCY?
Sometimes, with breathing or swallowing difficulty

LONG-TERM OUTLOOK
Usually harmless, though recurrence is possible

Overview

An oral mucous cyst is a small swelling caused by saliva collecting beneath the lining of the mouth. It often forms when a tiny tube carrying saliva, called a salivary duct, is injured or blocked.

Most develop on the inside of the lower lip. They can also appear inside the cheek, under the tongue, or on the floor of the mouth. A mucous cyst on the floor of the mouth is often called a ranula .

Clinicians may use the term mucocele for this type of swelling. Many mucoceles are not true cysts because they do not have a complete cell-lined wall. Instead, saliva has leaked into nearby tissue, where the body forms a boundary around it. A less common type, called a mucus retention cyst, forms when saliva remains trapped inside a blocked duct.

Oral mucous cysts are usually harmless. Some disappear without treatment. Others repeatedly swell, burst, and return. A persistent or unusual mouth lump should be assessed because several conditions can look similar.

Symptoms

An oral mucous cyst usually appears as a smooth, rounded bump. Its size may change over time, especially if it breaks and fills again.

Common features include:

A cyst near the surface may look bluish because the trapped fluid is visible through the thin mouth lining. A deeper cyst may look like a normal-coloured lump.

Repeated rubbing, biting, or chewing can make the area sore. A larger cyst may interfere with eating or speaking. A ranula can lift the tongue or create a soft swelling on one side of the floor of the mouth.

These features can suggest a mucous cyst, but they cannot confirm the cause of a lump. Other conditions, including blocked salivary glands, infections, non-cancerous growths, and less commonly cancer, may have a similar appearance.

- A soft or slightly firm lump inside the mouth
- A clear, pink, bluish, or normal mouth-coloured surface
- Little or no pain
- Swelling that becomes smaller after leaking, then returns

Causes and risk factors

Most oral mucous cysts form after damage to a small salivary duct. Saliva leaks into the surrounding tissue instead of entering the mouth normally.

Possible triggers include:

Sometimes there is no remembered injury. Everyday chewing may be enough to damage one of the many tiny salivary glands inside the lips and cheeks.

Mucus retention cysts develop when a duct becomes blocked rather than torn. Scarring, a small stone, or thickened material inside the duct may contribute to the blockage.

An oral mucous cyst is not contagious. It is not caused by poor hygiene, and it cannot spread from one person to another.

- Biting or sucking the lip or cheek
- A sharp or broken tooth rubbing the mouth lining
- Braces, dentures, or oral jewellery causing repeated irritation
- An accidental injury or dental procedure
- A blocked salivary duct

Diagnosis

A dentist, doctor, or oral health specialist can often identify a likely mucous cyst by examining it. They may ask when it appeared, whether its size changes, whether it has burst before, and whether you bite or injure the area.

The examination usually includes checking the lump's colour, location, texture, and movement. The rest of the mouth and nearby salivary glands may also be examined.

Further testing is not always needed. It may be recommended when the lump is persistent, unusually firm, growing, deep under the tongue, or not typical of a mucous cyst.

Tests may include:

A biopsy can confirm the type of cyst and rule out other causes. If the whole swelling is removed, the removed tissue may be sent to a laboratory for this examination.

- Ultrasound , which uses sound waves to show fluid and nearby structures
- MRI or CT imaging , mainly for a large or deep ranula
- Biopsy , in which tissue is removed and examined under a microscope

Treatment and management

A small, painless oral mucous cyst may not need immediate treatment. Some break open and heal by themselves, especially after the source of irritation stops.

Avoid squeezing, cutting, or puncturing the cyst at home. This can cause bleeding, infection, scarring, or repeated swelling. It also delays proper assessment if the lump has another cause.

If the cyst persists, keeps returning, becomes uncomfortable, or affects eating or speech, treatment may be offered. The approach depends on its size, depth, location, and whether it has been treated before.

Options include:

Local anaesthetic is often used for a small surface cyst. This numbs the area while you remain awake. Larger or deeper ranulas may need treatment by an oral and maxillofacial surgeon or an ear, nose, and throat specialist.

After a procedure, temporary soreness and swelling are common. You may receive instructions about mouth care, eating, pain relief, and any stitches. Follow the specific advice provided by the treating service.

- Surgical removal: The cyst and nearby affected minor salivary glands are removed through a small cut
- Marsupialisation: The cyst is opened and its edges are treated to create a lasting drainage opening
- Laser or freezing treatment: Selected cysts may be removed or destroyed using specialised equipment
- Treatment of a ranula: A larger floor-of-mouth cyst may require drainage or removal of the salivary gland feeding it

Complications

Most oral mucous cysts do not cause serious problems. The main complication is recurrence. A cyst may return if saliva continues to leak, the affected gland remains, or the area is injured again.

Other possible problems include discomfort, bleeding after repeated biting, and difficulty eating or speaking. Infection is uncommon but may cause increasing pain, redness, warmth, pus, or fever.

A large ranula can extend into the neck or push the tongue upward. This is unusual, but it may interfere with swallowing and, rarely, breathing.

Treatment also has risks. These can include bleeding, infection, scarring, altered sensation, and damage to nearby salivary ducts or nerves. The risks differ according to the cyst's location and the procedure used.

Prevention

Oral mucous cysts cannot always be prevented. Many follow an accidental injury that could not reasonably have been avoided.

You may be able to lower the chance of recurrence by reducing repeated irritation. Try not to

bite or suck the affected lip or cheek. A dentist can check for sharp teeth, rough fillings, poorly fitting dentures, or braces that rub the area.

If lip or cheek biting is linked to stress or happens without you noticing, becoming aware of the habit may help. Protective dental treatment is sometimes considered when repeated biting continues.

Good mouth care supports healing, but brushing or mouthwash cannot unblock or remove an established cyst.

Living with it and what to expect

A small mucous cyst may shrink over days or weeks. It may burst, release clear or sticky fluid, and seem to disappear. Some heal fully, while others refill because the damaged duct continues to release saliva.

A persistent cyst may remain similar in size for months or repeatedly become larger and smaller. It does not usually affect general health. However, ongoing changes can be inconvenient if the cyst lies where it is frequently bitten.

After treatment, the area commonly feels sore for a short time. Healing time depends on the size and location of the cyst and the method used. A treated cyst may return, particularly if the affected salivary tissue was not fully removed or the area is injured again.

Most people can continue their usual activities, although eating softer foods may be more comfortable during a flare-up or shortly after a procedure. Avoid deliberately bursting the swelling.

A new change in the lump does not automatically mean something serious. Still, an oral health professional should reassess a lesion that grows, becomes firm, develops an ulcer, or does not heal as expected.

When to get medical help

Arrange a routine appointment with a dentist or doctor if a mouth lump:

Seek prompt medical advice if the area becomes increasingly painful, red, warm, or drains pus, especially if you also have a fever. These changes may suggest infection.

Get emergency help if swelling under the tongue or in the mouth makes it difficult to breathe or swallow, pushes the tongue upward, or is rapidly increasing. Do not wait for a routine dental appointment when breathing is affected.

- Lasts longer than about two to three weeks
- Keeps bursting and returning
- Is growing or becoming painful
- Interferes with eating, speaking, or wearing dentures
- Feels hard, fixed, or different from a typical fluid-filled bump
- Develops an ulcer, unexplained bleeding, or colour changes

Common questions

Is an oral mucous cyst cancer?

A typical oral mucous cyst is not cancer and does not become cancer. However, appearance alone cannot identify every mouth lump. A persistent, firm, ulcerated, bleeding, or growing lump should be examined to confirm its cause.

Can I pop an oral mucous cyst?

Do not try to pop, cut, or drain it yourself. The opening may close while the damaged salivary duct continues to leak, allowing the swelling to return. Home treatment can also cause bleeding or infection.

Will it go away on its own?

Some small cysts heal without treatment, particularly if repeated irritation stops. Others burst and refill or remain in place. Assessment is sensible if the lump lasts more than a few weeks, repeatedly returns, or causes problems.

Why does my lip cyst keep coming back?

The cyst may refill if the injured salivary duct or gland continues releasing saliva beneath the mouth lining. Repeated lip biting can also restart the problem. Persistent or recurring cysts sometimes need removal of the cyst and nearby affected gland tissue.

Is an oral mucous cyst painful?

Most are painless. They can become tender if bitten, rubbed by a tooth or dental appliance, or infected. A painful or rapidly changing mouth swelling deserves assessment because pain can have causes other than a mucous cyst.

Can a mucous cyst form under my tongue?

Yes. A cyst on the floor of the mouth is often called a ranula. Small ranulas may cause little discomfort, but larger ones can affect tongue movement, speech, or swallowing. Breathing or

significant swallowing difficulty requires emergency care.

Sources

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