DOI: 10.21088/jeas.2456.5024.11126.3

RFP Journal of ENT and Allied Sciences
Volume 11 Number 1/January – June 2026

CASE REPORT

# Beyond the Lower Lip: Blandin–Nuhn Cyst—Clinicopathological Insights into a Rare Extravasation Mucocele of the Tongue

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**HOW TO CITE THIS ARTICLE:**

***Avinash Kumar, Aanieq Moghal, Garima Sinha et. al,*** Beyond the Lower Lip: Blandin–Nuhn Cyst—Clinicopathological Insights into A Rare Extravasation Mucocele of the Tongue. J ENT Allied Sci 2026; 11(1): 29–32.

## ABSTRACT

Blandin–Nuhn cysts are uncommon mucous retention or extravasation lesions originating from the minor salivary glands located on the ventral surface of the tongue. Owing to their infrequent occurrence and variable clinical appearance, these lesions are often misdiagnosed as Ranulas, vascular anomalies, or benign soft-tissue tumors. Clinically, they present as painless, soft, fluctuant swellings that may fluctuate in size and occasionally cause functional discomfort. We report a case of 8 year old child who came to ENT opd with gradually progressing swelling on the ventral surface of tongue. Diagnosis was established through histopathological examination following complete surgical excision.

## KEYWORDS

• Blandin Nuhn cyst • Mucus retention cyst • Extravasation cyst • Mucocele

## INTRODUCTION

Blandin–Nuhn cysts, more accurately referred to as mucoceles of the glands of Blandin and Nuhn, are rare benign lesions arising from the minor salivary glands on the ventral surface of the tongue. These glands are mixed seromucous glands embedded within the tongue musculature near the lingual

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➢ **Received:** 04-04-2026 ➢ **Accepted:** 09-05-2026

frenulum, and their unique anatomy often leads to diagnostic challenges. Oral mucoceles overall are common benign soft-tissue lesions of the oral cavity; however, those originating specifically from the Blandin–Nuhn glands are uncommon, representing a small proportion of reported mucocele cases.[1]

Clinically, Blandin–Nuhn mucoceles present as soft, fluctuant swellings on the ventral tongue that may be bluish or flesh-colored and can vary in size due to intermittent mucin leakage. These lesions may mimic other pathologies such as ranula, vascular anomalies, or benign tumors, contributing to frequent misdiagnosis.[2] Histopathologically, the extravasation type predominates, where mucin escapes into the surrounding connective tissue following ductal disruption, most often due to local trauma or mechanical irritation.

Recent Indian case reports have highlighted the importance of accurate clinical assessment, imaging and histopathological confirmation due to their rarity and potential for recurrence if not completely excised. Management typically involves complete surgical excision, ensuring removal of involved glandular tissue to minimize recurrence. Alternative approaches, such as laser ablation, are also described in the literature.[3]

## CASE REPORT

A 8 year old child presented to ENT OPD with swelling on the ventral aspect of the tongue. The swelling was present since 2 years. It was painless, gradually progressive in size and soft in consistency. It was compressible and was associated with occasional pain. Because of its location and presentation a provisional diagnosis of mucocele of the Blandin and Nuhn glands was made (Figure 1).

**Figure 1:** Preoperative Picture Showing Cyst in the Ventral Part of Tongue

The patient was planned for EXCISION of the cyst under general anaesthesia due to its location and considering the age of the child **(Figure 2)**. The sample was removed in toto and sent for histopathological examination **(Figure 3)**.

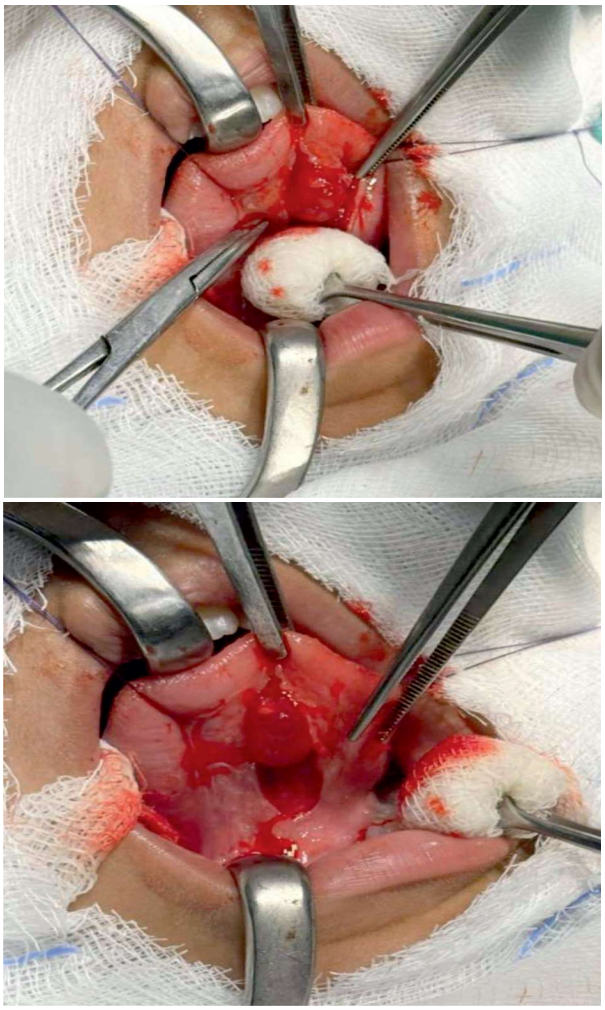

**Figure 2:** Intraoperative Picture

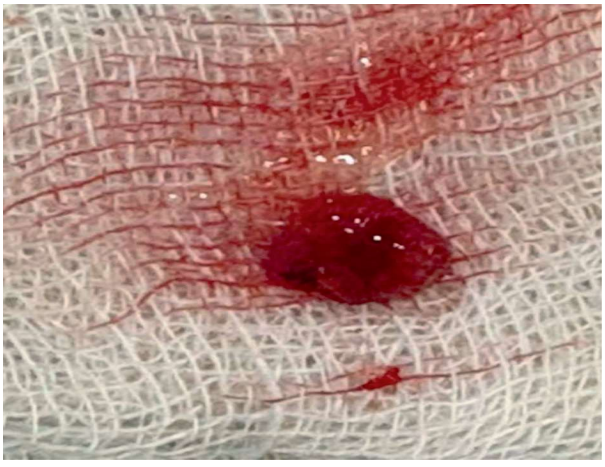

**Figure 3:** Excised Specimen

On Histopathology section from the cyst showed multiple mucinphages admixed with mixed inflammatory infiltrate against fibrocollagenous background consistent with the diagnosis of extravasated mucus retention cyst **(Figure 4)**.

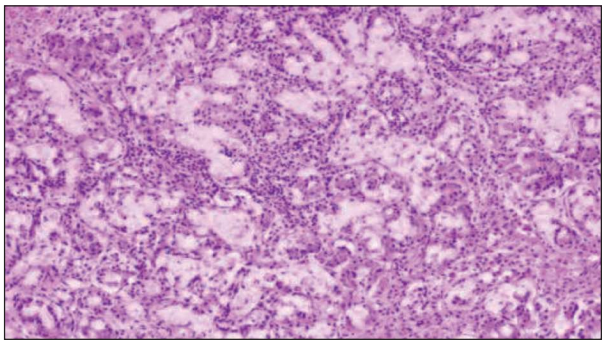

**Figure 4:** Microphotograph showing multiple mucinphages admixed with mixed inflammatory infiltrate against fibrocollagenous background consistent with extravasated mucus retention cyst

On 3 months follow up, patient was absolutely fine with no recurrence.

## DISCUSSION

Blandin–Nuhn cysts are rare mucous extravasation lesions arising from the anterior lingual minor salivary glands, and their infrequent occurrence often results in delayed or incorrect diagnosis. Unlike conventional oral mucoceles that predominantly involve the lower lip, these lesions occur on the ventral surface of the tongue, an anatomically complex region containing intrinsic musculature and multiple ductal openings. This anatomical peculiarity contributes to both diagnostic ambiguity and surgical difficulty.[4]

Indian literature published in recent years highlights that Blandin–Nuhn cysts frequently present as painless, fluctuant swellings with variable size, sometimes showing episodic enlargement due to intermittent mucin leakage. The absence of characteristic symptoms often leads clinicians to consider alternative diagnoses such as ranula, lymphangioma, hemangioma, or benign mesenchymal tumors. Fine-needle aspiration and imaging modalities, particularly ultrasonography, have been suggested as useful adjuncts in selected cases to aid preoperative assessment.

Histopathologically, most Blandin–Nuhn cysts represent extravasation-type mucoceles, characterized by mucin spillage into the connective tissue without an epithelial lining. Indian case reports emphasize the importance of histopathological confirmation, as clinical appearance alone is insufficient for definitive diagnosis.[5] The intramuscular location of the glands and the lack of a true capsule explain the higher likelihood of recurrence when excision is incomplete.

Surgical excision remains the preferred treatment modality. Recent Indian publications have also documented successful outcomes using laser excision, citing advantages such as minimal intraoperative bleeding, reduced postoperative discomfort, and faster healing.[6] However, regardless of the technique employed, removal of the associated glandular tissue is essential to minimize recurrence. Long-term follow-up is recommended, as recurrence has been reported primarily in cases of inadequate excision. Increased awareness of this rare entity among clinicians can facilitate early diagnosis, appropriate treatment, and improved patient outcomes.[7]

## CONCLUSION

This case demonstrates the rarity of extravasated mucus retention cysts. Also it stresses on the value of a structured management approach. Detailed discussions of this pathology are seldom encountered in the existing literature.

**Financial Support And Sponsorship:** None

**Presentation at a Meeting:** None

**Competing Interest Statement by all the Authors:** The authors declare that they have no competing interest.

**Authorship Statements by all Authors:**

All authors of this article declare that we qualify for authorship as defined by icmje. each author has participated sufficiently in work and takes public responsibility for appropriateness of content of this article.

**Ethical Approval:** Not required

**Consent:** Written informed consent has been taken by the patient.

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