International Journal Dental and Medical Sciences Research
Volume 3, Issue 5, Sep-Oct 2021 pp 499-500 www.ijdmsrjournal.com ISSN: 2582-6018

Cysticercosis of Upper Lip Masquerading As Mucocele: A Case Report.

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Submitted: 10-09-2021 Revised: 22-09-2021 Accepted: 25-09-2021

ABSTRACT: Oral cysticercosis is a rare disease caused by larva of Taenia Solium. We report a case of young male who had recurring swelling at same site on upper lip, been dignosed as mucocele repeatedly. On histopathology, after excision it showed a cystic cavity showing larval form of cysticercus cellulosae.

KEYWORDS: Mucocele, Cysticercosis. Upper lip.

I. INTRODUCTION

Parasitic infections are a huge burden in developing countries of South east Asia [1]. Cysticercosis is among the most common infections in the endemic areas [1]. It is caused by Taenia solium, and affects the subcutaneous tissue, brain, muscle, heart, liver, lungs more frequently. Oral infestation is rare. We report this case as painless nodules that do not resolve must raise the suspicion of a parasitic cyst in endemic areas.

II. CASE REPORT

A 6 year old boy presented to outpatient department with chief complaints of recurrent painless, nodule in the mucosa of upper lip since one year. He complained of gradually increasing in size of the swelling. There was no history of trauma or any bleeding as reported by the parents. He had no significant medical history. On examination a small cystic swelling was noted which was 1 cms in size. The overlying mucosa was shiny (Figure1a). A diagnosis of Mucocele with differentials as pleomorphic adenoma was kept. The mass was excised, preserved in 10% buffered formalin and sent for histopathological examination. On gross examination the excised cystic, globular mass was 1x0.8x0.5 cms in size. A small whitish structure was seen attached with the globular mass (Figure 1b). Microscopic sections revealed a parasitic cyst enclosing larva of Cysticercus cellulosae (Figure 2a,b).

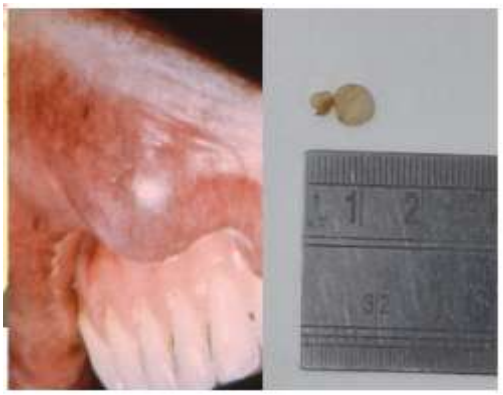

Figure 1: a: An intraoral photograph of upper lip swelling.B: Surgical specimen showing a opaque, cystic, globular structure.

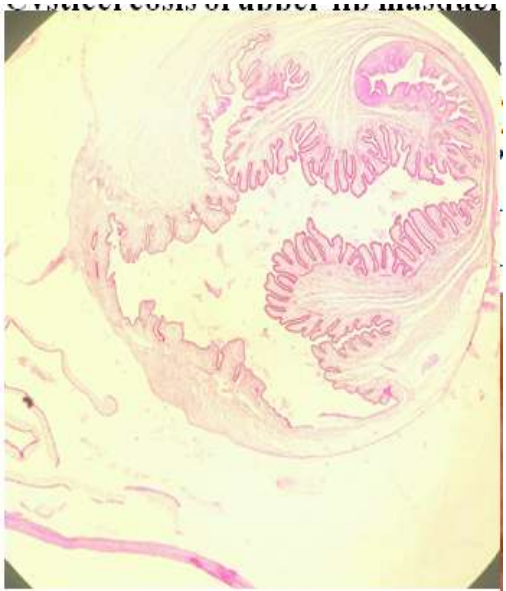

Figure 2a: H&E, 4X: scanner view showing cystic cavity containing larval form of cysticercus cellulosae.

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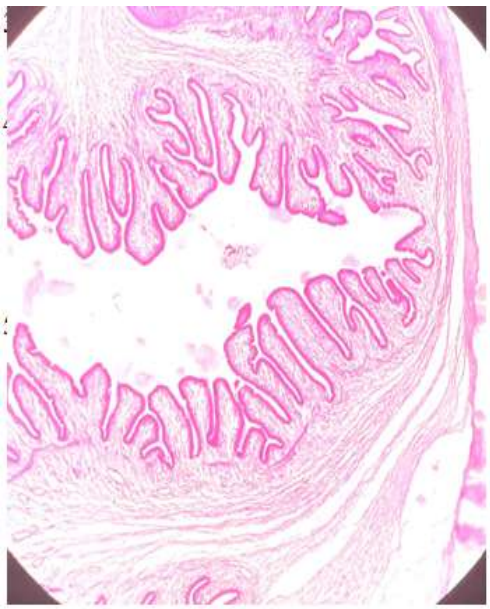

Figure 2b: H&E, 10X: Duct like invagination with digitiform coating of homogenous eosinophilic membrane.

III. DISCUSSION

South east Asia comprising of developing countries like India are burdened with diseases like parasitic infestations pertaining to poor hygienic practices. Taenia solium being one of the commonest [1].

Cysticercosis is caused by ingestion of its larval stage through either contaminated vegetables, water or undercooked meat. In humans, cysticercosis can develop in various organs like central nervous system subcutaneous tissue, muscle, heart, liver, lungs. Although oral involvement by cysti- cercosis is common in swine, this location is rare in humans [2].

Oral cysticercosis is rare and is often misdiagnosed as a mucocele or a benign tumor of mesenchymal origin, such as a lipoma, fibroma, hemangioma, granular cell tumor, or a minor salivary gland adenoma [3]. The most common locations for oral cysticercosis are the tongue, buccal mucosa, lower lip and upper lip (2). Serological investigations, such as enzyme-linked immunosorbent assay (ELISA) or enzyme-linked immunoelectrotransfer blot (EITB), may be used for detecting antibodies to T. solium in the serum and cerebrospinal fluid to confirm the diagnosis, although they are not 100% sensitive (4). Excisional biopsy is considered as the only definitive diagnostic procedure. The treatment of oral cysticercosis is surgical excision. Drugs like praziquantel and albendazole are used to treat disseminated cysticercosis or where surgical excision is risky or not possible, such as in neurocysticercosis (5). The oral lesion was the only sign in our patient who was otherwise healthy. Complete excision of cyst was carried out, and histological examination showed cysticercus. Systemic involvement could not be assesed as the pateint was lost in follow up.

IV. CONCLUSION

Occurence of a parasitic cyst in upperlip is rare, however in view of recurring swelling not responding to treatment, a differential diagnosis of cysticercosis must be kept in mind.

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