Catheterization of Stenon’s duct for surgical excision of oral fibroepithelial hyperplasia

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INTRODUCTION

Hyperplasias are the most frequent exophytic lesions in the mouth, which develop mainly as a consequence of mucosal tissue irritation by several types of trauma. Injured tissues respond with proliferation of fibroblasts followed by collagen fibrinogenesis.

Fibroepithelial hyperplasia (FH) is the most common non-malignant soft tissue tumor in the mouth; its prevalence is similar in both sexes and there is no racial preference. Its usual site is the jugal mucosa along the occlusion line; it presents as a well-defined smooth pink sessile or pediculated nodule. These tumors are usually asymptomatic except when injured secondarily.

The treatment is surgical excision and elimination of local irritative factors. The purpose of this study was to describe a surgical technique for removing oral FH and preserving Stenon’s duct.

CASE REPORT

A male patient aged 36 years presented with an enlarged mass in the right jugal mucosa. The tumor had developed over about 13 years; it was painless at first, but the patient had started to feel pain when applying pressure over the nodule during chewing.

Examination of the mouth showed a hyperplastic pediculated fibrous pinkish smooth surfaced tumor measuring about 2.0 x 1.8 cm, located on the right jugal mucosa close to the exit site of Stenon’s duct (Fig. 1A). Because of its close anatomical relation with the parotid duct, surgical removal would have to preserve this structure.

The treatment consisted of catheterizing the parotid duct with a Jelco number 20 catheter (Fig. 1B), followed by an elliptic incision of the tissue, dissection, removal of the tumor, and simple closure (Fig. 1C).

Histology revealed dense fibrous connective tissue with fusiform fibroblasts dispersed within a mature collagen matrix. There were many congested vascular spaces and mild chronic inflammation. The tumor was lined with hyperplastic epithelial squamous tissue (Fig. 1D).

The catheter was kept in place for seven days to activate salivary drainage; there were no postoperative complications or recurrences in the first year of follow-up.

REFERENCES