An infant was born by natural childbirth. He presented with a mucocele on the ventral surface of the tongue. A pediatrician aspirated it and recognized a mucoid liquid. Although it decreased in size, it thereafter became swollen again after 3 months. It was aspirated again, and recognized the same liquid. Because it recurred and had no changes, he visited our hospital 9 months after his birth.

On examination, he had a soft and smooth mucocele localized on the ventral surface of the tongue (Fig. 1a). MRI revealed a tumor at the same location, and the tumor was 2.1 × 1.9 × 1.5 cm in size 10 months after his birth. T1-weighted images (T1WI) showed a low intensity, T2WI showed a high and fat suppression and T1WI showed a low intensity. The internal intensity was uniform, and there was no septal structure (Fig. 1b). We diagnosed it to be a congenital mucocele of the gland of Blandin–Nuhn. Although subset of these tumors disappear spontaneously [1], most of them require a complete excision together with the Blandin–Nuhn glandular components. Because it is thin-walled and close to the surface, it tends to rupture easily, recurrence is frequent [2]. Recently, the usefulness of topical injection of OK-432 into the mucocele was reported [3]. Because he had no difficulties in either development or eating, we decided to wait for his growth to proceed while keeping the possibility of surgery in mind. The tumor spontaneously disappeared after 6 months, and at the most recent examination, we observed no recurrence (Fig. 1c).

Because only 2.5% of mucoceles arise on the tongue [4], mucoceles of the gland of Blandin–Nuhn are uncommon. They may be the result of trauma to the tongue ventrum that ruptures of the draining ducts [5]. Therefore, they are acquired and there is no indication for the congenital development of them. No ethical approval is required. A.O. is a guarantor of the study.
CONFLICT OF INTEREST STATEMENT
None declared.

REFERENCES