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# Oral lymphoepithelial cyst: A case report

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## Abstract

Lymphoepithelial cysts (Branchial cysts) are dysodontogenic benign cysts and are known for their slow growing potential in the head and neck region commonly involving salivary gland sites. The size rarely exceeds 0.6 cm in diameter at the time of diagnosis. This cyst has been reported to occur in addition to other lesions such as geographic tongue, epidermoid cysts. The treatment of choice is surgical excision.

## Introduction

Lymphoepithelial cysts (Branchial cysts) are dysodontogenic benign cysts and are known for their slow growing potential in the head and neck region commonly involving salivary gland sites.(1) It is known to originate during embryogenesis from the epithelial remnant retained in lymphoid tissues, although it might also be related to branchial cleft epithelium.(2) The size rarely exceeds 0.6 cm in diameter at the time of diagnosis. Floor of the mouth is the most common site followed by lateral and ventral tongue, tonsillar area and salivary glands.(3) Malignant transformation has been reported. Surgical excision is the treatment of choice and recurrence is not a much matter of concern. This is a case of Oral lymphoepithelial cyst of floor of mouth.

## Case Report

A 35 year old male patient visited our clinical set-up with a complaint of asymptomatic unilateral swelling in the floor of mouth. On careful examination, a yellowish papule measuring 6mm was seen in the floor of the mouth without causing elevation of tongue. It was soft on palpation. Excision was carried out and the sample was submitted for histopathological examination. Microscopy revealed a cystic cavity lined by stratified squamous epithelium surrounded by lymphoid tissue [Fig. 1]. There were few mucous cells seen in the lining. The lymphoid tissue showed germinal centres [Fig. 2]. The patient was followed up for a year and there was no recurrence.

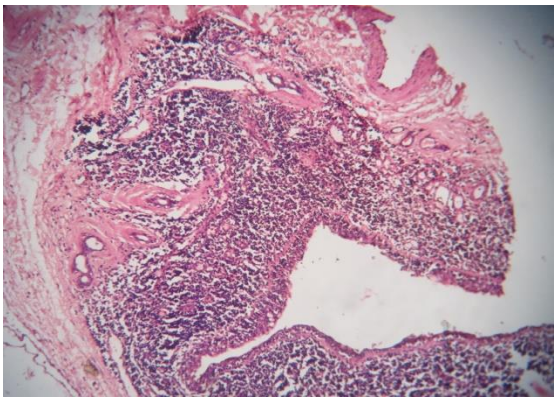

**Fig. 1**

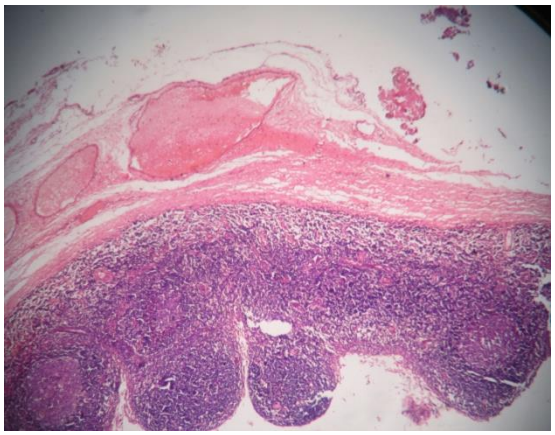

**Fig. 2**

## Discussion

Oral Lymphoepithelial cysts (OLEC) are rare Non-odontogenic cysts and show slight female predominance. They have been known to have an asymptomatic occurrence most commonly seen in the floor of the mouth. It is believed that the OLEC may be due to a traumatic injury that may cause proliferation of the lymphoid tissue. Damage to the salivary gland duct may also cause proliferation of the tissue with exuberance. Several theories exist, but the most accepted theory of its pathogenesis involves the

accumulation of desquamated epithelial lining in the tonsillar crypt. This results in a dilated obstructed crypt of the oral tonsil region that presents as a mass lesion.[4] Histopathological examination reveals a cystic cavity lined by stratified squamous epithelium. The fibrous wall is encapsulated and shows germinal centres in the protruding mass of connective tissue.[5] This cyst has been reported to occur in addition to other lesions such as geographic tongue, epidermoid cysts. Their relation remains unknown.[5,6] Clinically, it may be difficult to distinguish intraoral OLECs from other lesions, such as mucinous cysts, lipomas, fibromas, sialolithiasis, sublingual gland cysts, and dermoid cysts.[7] The cyst typically manifests as a freely movable, dome-shaped, submucosal nodule with a smooth, nonulcerated surface that is yellowish-pink to white in color, with a cheese-like consistency when palpated.[8] To conclude, these cysts are rare but can pose a dilemma in diagnosis as it may mimic other lesions. Simple excision is the treatment of choice and recurrence is rare.

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