

# Modern Methods of Diagnosis and Treatment of Retention Cyst of the Oral Cavity

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**Abstract:** Retention cyst of the oral cavity is a neoplasm located in the oral cavity and is a pathology of the salivary glands. The formation has nothing to do with retinated teeth, it is formed when there is a violation of the patency of the glands and usually requires surgical treatment.

**Keywords:** retention cyst of the oral cavity, diagnostics, dentistry.

**Introduction.** The cyst manifests itself as a tumor under the cheekbone, protruding from the outside. In the absence of treatment, inflammatory processes appear, which can lead to the formation of an abscess or phlegmon. Pathology refers to rare formations, usually diagnosed before the age of thirty. The place of development is on the lips, cheeks, palate, less often in the sublingual ducts. The pathology of glands developing in the parotid and mandibular areas is very rare.

The causes of such pathology are:

- injuries, wounds of the mucous membrane;
- mucous plugs that have appeared in the ducts;
- stomatitis and other inflammatory processes that lead to impaired patency;
- formation of salivary stone;
- pressure on the ducts;
- narrowing of the scar type.

The causes also include malformations, genetic predisposition, and lesions of individual tissue sites. But more often the problem develops against the background of tissue injury and inflammatory processes. Wounds are formed with frequent biting of the cheek or tongue, due to the abuse of coarse, spicy food, hot dishes. In addition, such injuries can cause atrophy of the glands, so they cannot be ignored.

Signs, diagnosis and treatment

The manifestations of the disease depend on the location of the cyst. Most often, these are rounded formations that slowly increase in size, elastic and soft to the touch. They do not cause pain at first, they rarely exceed 1 cm in diameter. But in the absence of therapy, cysts begin to seriously interfere not only with eating, but also during conversation. The formation may disappear if the contents come out during an accidental breakthrough. However, over time, the cyst forms again, if its size becomes very large, it acquires a characteristic bluish hue.

Methods such as visual examination, palpation, and a number of hardware studies are used for diagnosis. Ultrasound, sialography for contrast determination of the problem, MRI and CT are more often performed. Additional examination methods may also be prescribed, for example, bladder cystography, salivary duct probing, histology. In case of a doubtful diagnosis, a biopsy and puncture of samples are performed.

Conservative therapy does not bring any effect, surgical intervention is recommended when diagnosing cysts of this type. To do this, local anesthesia is used, after which the formation is removed along with

the affected gland and membrane to exclude relapses. If surgical intervention is abandoned, the formation often develops into phlegmon, and a tissue abscess develops.

The conservative method provides only a temporary result. To do this, the shell is pierced and the contents of the cyst are sucked out. But in all cases, the formation occurs again, that is, this method of therapy is not recommended, since it is ineffective.

Surgical intervention includes the following steps:

- inspection, surface preparation is carried out;
- local anesthesia methods are used for anesthesia;
- the area with the cyst is compressed, which reduces blood flow and ensures the stability of the tissue position;
- two oval-shaped incisions are made near the formation, after which the contents are peeled;
- the affected lobes of the gland are removed, which helps to avoid complications or relapses in the future;
- the wound is sutured, thin stitches are applied, self-absorbing threads are often used.

The contents of the capsule are sent for additional examination. This helps to eliminate serious risks, especially if the development of malignant processes is suspected. In case of serious intervention, plastic cystotomy is recommended. This situation is usually observed when the maxillofacial formation is removed.

### **Rehabilitation, expected results**

After the surgical intervention, there is a slight swelling at the site of the operation for two to three days, there is soreness. The doctor may prescribe remedies to eliminate such unpleasant symptoms, for example, analgesics, antibiotics to exclude complications. Mouthwashes are also prescribed using special antiseptic solutions. During the normal healing process, the suture is removed after a week, after which a pressure bandage is applied. During the recovery period, it is recommended to give up hard, spicy food, too cold and hot dishes. Oral care also requires care not to damage the operated area.

**Conclusions:** The prognosis of treatment is favorable, with proper therapy and compliance with all recommendations by the patient, there are no problems. But in some cases, there are risks of complications. These include relapses, damage to the facial nerve or facial muscles when removing a cyst in the ear area. To reduce the risks after the end of the recovery period, it is recommended to correct the shape of the tooth, install new orthodontic structures or prostheses. In addition, prevention, protection from mucosal injuries, and compliance with the rules of oral care are needed.

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