



Traumatic Herniation of the Buccal Fat Pad

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Clinical Image

An 18-month-old male child presented with an intraoral mass on the right side of his cheek. The previous night, he had fallen with a toothbrush in his mouth. Intraoral examination revealed a reddish pink, ovoid, soft mass (2 cm × 1 cm) on the right buccal mucosa; a provisional diagnosis of traumatic herniation of the buccal fat pad was made (Figure 1A). Although the mass decreased in size after 2 weeks, it did not completely disappear. Therefore, it was excised under general anesthesia (Figure 1B,C). The wound was closed in two layers (Figure 1D). Because of the avascular nature, the herniated buccal fat pad sometimes gets necrosed or atrophied. However, it is well known that this lesion occasionally shows a rapid increase in size. Therefore, surgical intervention should be considered. Treatment includes repositioning in case of small inflammatory changes and excision in case of larger lesions or presence of necrosis.

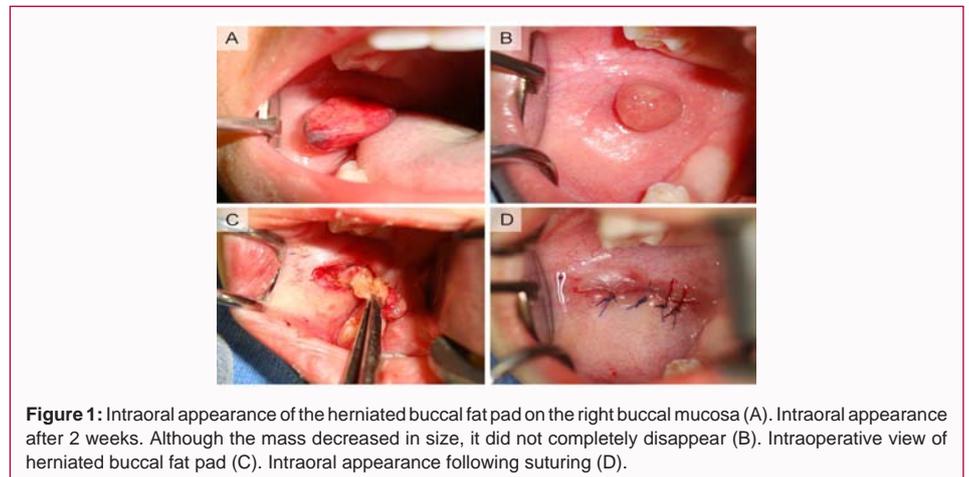


Figure 1: Intraoral appearance of the herniated buccal fat pad on the right buccal mucosa (A). Intraoral appearance after 2 weeks. Although the mass decreased in size, it did not completely disappear (B). Intraoperative view of herniated buccal fat pad (C). Intraoral appearance following suturing (D).

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