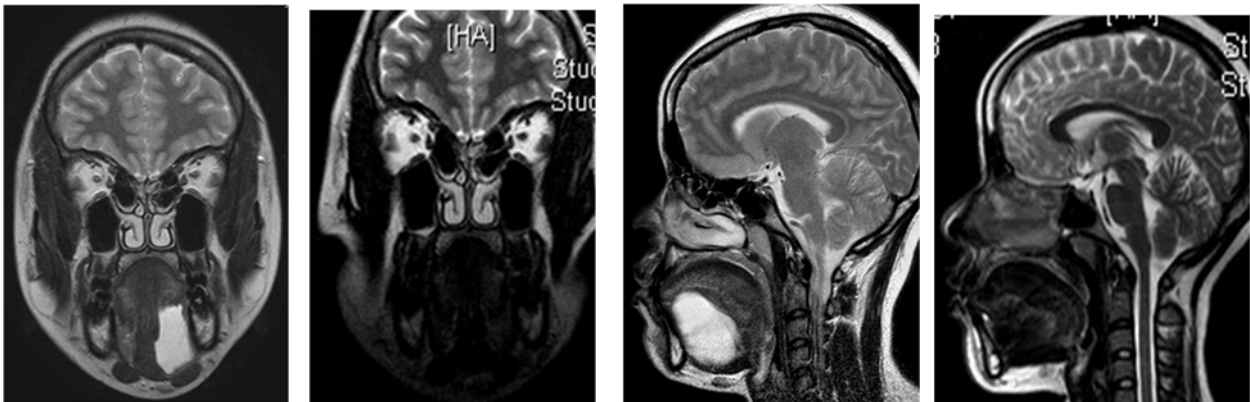


## Supplementary Material

CASE No: 1.

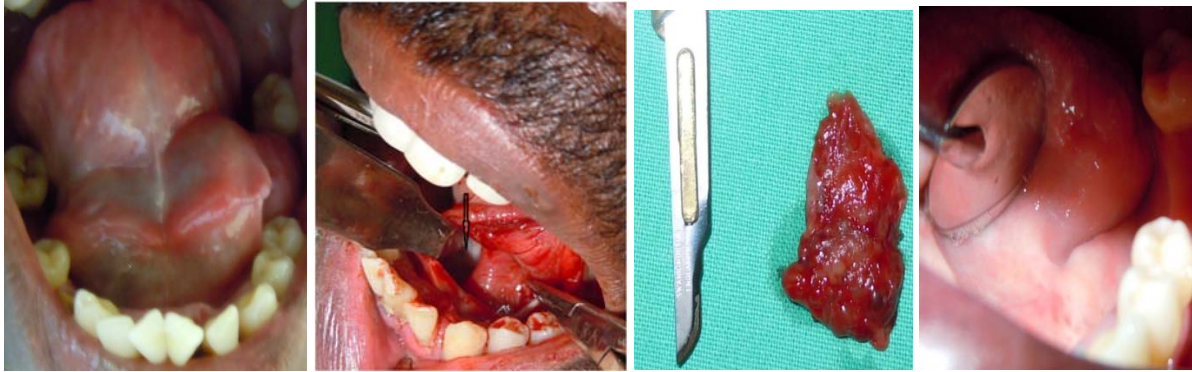


Pre- and postoperative clinical presentation; including intraoral and extra oral views.



Same case No: 1. Pre- and postoperative MRI investigations of the plunging ranula

CASE No: 2.



Intraoral clinical presentation of a plunging ranula that seems to cross the midline; and for which only the offending gland was removed.



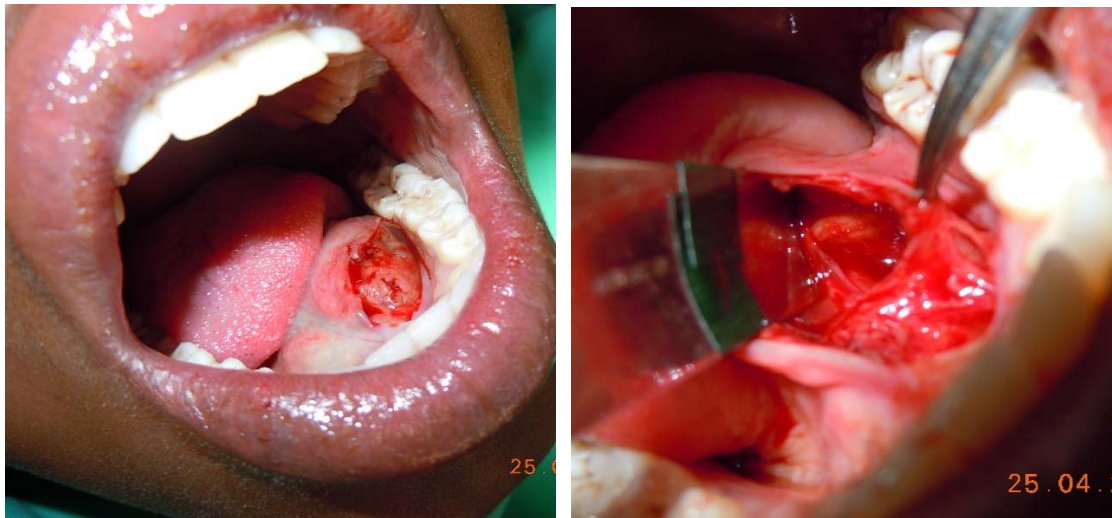
Same case as No: 2

Confirmation of the unilateral nature of the plunging ranula on pre-operative MRI investigations. Complete resolution of the lesion following intraoral excision as seen on postoperative follow-up MRI views.

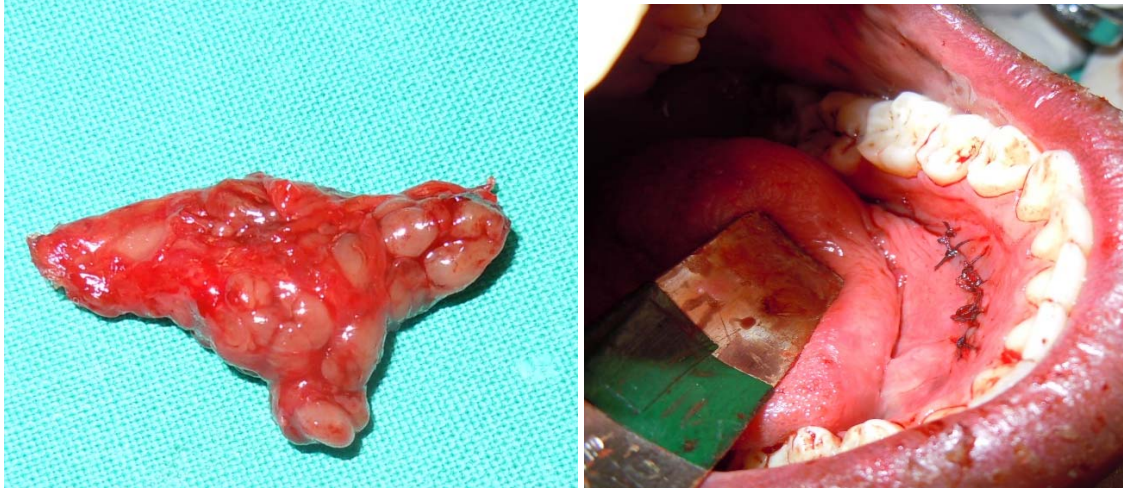
CASE No: 3.



Extra and intraoral clinical presentation of a plunging ranula



Initial incision with lateral dissection, exposing the sublingual gland (left). End of dissection with complete excision of the gland (right). Lingual nerve can be seen deeper in the medial wall of the pseudocyst. Any dissection towards the lingual side (medial) was absolutely avoided.



Final appearance of the excised sublingual gland (right), and final appearance of the surgical incision with loose sutures of the oral mucosa.

NOTE: All cases were managed under local anesthesia.