Burning mouth syndrome

- Unknown aeitiology.
- Starts spontaneously.
- 3% resolve over 5y.
- 65% have improvement after 6-7 yrs.

- Complex syndrome involving dysregulated peripheral and central pain pathways, and psychological factors.

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References:
1. Burning Mouth Syndrome: Aetiopathogenesis and principles of management. L.Feller, J Fourie et al. Pain research and management 2017.
2. eMedicine.

Symptoms

- Chronic burning sensation of oral mucosa.
- Tingling.
- Dryness.
- Reduced taste intensity.
- Bitter/metallic taste.

- Minimal/absent early in morning and at meal times.

Investigations

- Inspect oral mucosa.
- Rule out 2o casuses.

(1) Oral mucosal conditions
(i) Erythema/erosion of whatever cause
(ii) Atrophic tongue
(iii) Candidosis
(iv) Geographic tongue
(v) Lichen planus
(vi) Pemphigoid, pemphigus

(2) Parafunctional habits
(i) Cheek sucking
(ii) Tongue thrusting

(3) Trauma: mechanical, chemical, thermal

(4) Xerostomia and altered salivary quality
(i) Radiotherapy
(ii) Chemotherapy
(iii) Other drugs
(iv) Sjogren's syndrome

(5) Systemic factors
(i) Diabetes
(ii) Decreased levels of vitamins B1, B2, B12, folate, iron, zinc
(iii) Abnormal thyroid function
(iv) Allergic reaction to food or dental materials
(v) Lichenoid tissue reactions
(vi) Autoimmune conditions
(vii) Hormonal disturbances
(viii) Parkinson disease

(6) Drugs
(i) Paroxetine
(ii) Angiotensin-converting enzyme inhibitors

(7) Local nerve damage
(i) Chemotherapy-associated neuropathy
(ii) Local physical irritation

(8) Various peripheral or central neuropathies

Management

- There is no cure.
- Only symptomatic treatment.
- Psychological intervention is important.
- Unfortunately, many are unwilling to seek psychological treatment because they are convinced that the cause is in the mouth and is not psychogenic.
- Continued follow-up is also likely help.

- Medication.

Topical

- Clonazepam wafers.
- Capsaicin.
- Doxepin.
- Lidocaine.

Sytemic

- Amitriptyline.
- Nortriptyline.
- Doxepin.
- Fluoxetine.
- Paroxetine.
- Sertraline.
- Gabapentin.
- Opioids.
- Diazepam.
- Alpha-lipoic acid.
- Olanzapine (low dose).
- Topiramate (case report).

- Psychological.

- CBT.
- Mindfulness.
- Other relaxation techniques e.g. acupuncture.