

Burning Mouth Syndrome

Steven D. Bender, DDS

KEYWORDS

• Burning mouth syndrome • Glossodynia • Oral burning • Neuropathic • Neuropathy

KEY POINTS

- Burning mouth syndrome (BMS) is an idiopathic, poorly understood pain disorder characterized by a burning sensation of the oral cavity in the absence of any identifiable organic disease.
- BMS is most prevalent in postmenopausal women.
- The presentation of BMS can vary from patient to patient, creating a diagnostic challenge for the practitioner.
- Therapies for BMS to date target symptom relief as opposed to providing a cure.
- Translational research of BMS is desperately needed.

INTRODUCTION

Burning mouth syndrome (BMS) is a poorly understood, idiopathic chronic pain disorder that can be characterized by a burning sensation of the oral cavity in the absence of any identifiable organic disease. This syndrome seems more prevalent in menopausal women, with some studies showing comorbid psychosocial and psychiatric disorders.^{1,2} The pain presentation is mostly continuous and ranges from moderate to severe in intensity. The American Academy of Orofacial Pain³ defines BMS as a burning sensation in the oral mucosa despite the absence of clinical findings and abnormalities in laboratory testing or imaging. The International Association for the Study of Pain⁴ defines BMS as a burning pain in the tongue or other oral mucous membrane associated with normal signs and laboratory findings lasting at least 4 months to 6 months. In a section described as “painful cranial neuropathies, other facial pains,” the *International Headache Society in the International Classification of Headache Disorders*, 3rd edition (beta version) (ICHD-3 beta)⁵ defines BMS as an intraoral burning or dysesthetic sensation, recurring daily for more than 2 hours per day over more than 3 months, without clinically evident causative lesions. It becomes apparent that most accepted definitions of this syndrome include reference to a lack of clinical findings that may provide an etiologic explanation. The use of the term, *syndrome*, refers

Disclosure Statement: The author has nothing to disclose.

Facial Pain and Sleep Medicine, Department of Oral and Maxillofacial Surgery, Texas A&M College of Dentistry, 3302 Gaston Avenue, Dallas, TX 75246, USA

E-mail address: bender@tamhsc.edu

Dent Clin N Am ■ (2018) ■-■

<https://doi.org/10.1016/j.cden.2018.05.006>

0011-8532/18/© 2018 Elsevier Inc. All rights reserved.

dental.theclinics.com

to features, such as dryness of the mouth, alteration of salivary function, and taste disturbances, which commonly accompany the burning sensation.¹ Other terminology previously used to describe BMS includes glossodynia, glossalgia, stomatodynia, and sore or burning tongue, among many others.^{6,7} Several classification systems have been proposed based on pattern and intensity,^{8,9} whether primary or secondary⁷ and pathophysiological mechanisms¹⁰ but, to date, none has been validated.

EPIDEMIOLOGY

The prevalence of BMS reported for the general population varies between 0.7% and 15% and seems to depend on the diagnostic criteria used.^{1,11} BMS seems most prevalent in postmenopausal women, although younger women as well as men can also be affected.¹ Most reports suggest a female-to-male ratio of 1:5 to 1:7.^{11,12} Prevalence does seem to increase with age in both male and female subjects.¹³

CLINICAL PRESENTATIONS

The clinical presentations of BMS are typically not consistent and vary from patient to patient. The onset of pain may be gradual or sudden, typically with no identifiable precipitating factors. In some cases, however, it can be traced to a precipitating event, such as a dental procedure, trauma, introduction of a new medication, illness, or stressful life event. At presentation, patients usually complain of chronic pain of 4 months to 6 months duration and describe it as annoying, burning or scalding, tingling, or sometimes itchy or numb.¹⁴ Most patients report they experience mild to moderate levels of pain that may be present at awakening or, as in most cases, develops and intensifies as the day progresses.^{15,16} Patients often report eating, drinking, and talking can affect their symptoms. In some cases, eating temporarily decreases or aborts the symptoms.^{17,18} Most patients, however, avoid hot, spicy, or acidic food/liquids or alcoholic beverages, because they tend to intensify their symptoms. Some patients also report the pain increases or seems more noticeable when they feel more stressed or fatigued. The pain can be continuous or intermittent and is typically localized to the tongue (67.9%), usually the anterior two-thirds, but may involve other mucosal surfaces, such as the palate, lip, buccal mucosa, and floor of the mouth.¹⁹ The pain tends to present bilaterally and symmetrically more so than unilaterally.²⁰ Occasionally, other body sites are affected, such as the anogenital region. BMS associated with vulvodynia has been reported in the literature.^{20,21}

ASSOCIATED FEATURES

In addition to the burning sensation, many patients also complain of dry mouth (xerostomia) and taste alterations. It has been reported that more than two-thirds of BMS patients report dry mouth at presentation.²² Two recent studies did show a marked reduction in basal salivary flow in subjects with BMS compared with healthy subjects.^{23,24} Alterations of taste as well as phantom tastes and smells have been reported by 11% to 69% of BMS patients.^{16,19,25} Alterations, such as sour and bitter taste perceived as stronger, sweet tastes perceived as weaker, and salty tastes perceived as weaker or stronger are commonly reported.¹⁶

Psychosocial and psychological comorbidities have been reported to occur in 85% of BMS patients.^{26,27} Anxiety and/or depression, somatization, hypochondria, cancer phobia, and insomnia are the most common diagnoses seen in this patient population. Carlson and colleagues,²⁸ however, using the Multidimensional Pain Inventory (MPI) and Symptom Checklist-90-Revised (SCL-90R) on 33 BMS cases, concluded that

Download English Version:

<https://daneshyari.com/en/article/8963540>

Download Persian Version:

<https://daneshyari.com/article/8963540>

[Daneshyari.com](https://daneshyari.com)