

BURNING MOUTH SYNDROME

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Burning Mouth Syndrome (BMS) affects more than 1 million adults, primarily older woman, yet its diagnosis and treatment remain poorly understood. Although the pain and burning associated with BMS usually originate from the lips and oral cavity dentists are less likely than physicians to manage these patients.

BMS is chronic oral facial pain disorder usually unaccompanied by mucosal lesions or other clinical signs. Several oral sites - lips palate, tongue is usually affected and symptoms include oral burning, dry mouth, thirst, dysgeusia (persistent altered taste perception), changes in eating habits, irritability, depression and decreased desire to socialize. Pain levels in BMS have been reported to be similar in intensity to toothache and BMS subjects display an increase in certain personality characteristics similar to those observed in other chronic pain patients. Resolution of symptoms is variable and poorly predictable. A spontaneous partial remission occurs in some patients. Managing BMS may require input from health care providers from a variety of disciplines and the symptoms often do not respond to pharmacological therapy.

The Etiology of BMS

The etiology of BMS can be divided into two basic categories viz. Oral Disorders and Systemic Conditions.

Oral Disorders

Denture acrylic allergies caused due to high residual monomer level in acrylic denture base.

Poorly fitting dentures causing mechanical irritation due to errors in denture design.

Parafunctional habits resulting in denture sores caused due to excessive forces.

Salivary gland dysfunction caused due to pathology of the gland.

Taste dysfunction : There is persistent dysgeusia (usually bitter or metallic) and/or altered taste perception. The abnormalities in salt and sweet taste are consistent with anterior part of tongue involvement, usually sighted as the part of the mouth with the greatest symptomatology in BMS. Some taste changes in BMS patients is due to effects of salivary hypofunction. Oral burning in BMS patients may also be due to dry, easily irritated oral mucosa. It is noteworthy that a group of BMS subjects has reported subjective improvement in symptoms on exposure to hot and spicy foods. This may be due to Capsaicin in spicy food depletes substance P (a neurotransmitter) sufficiently, to decrease peripheral burning pain perception; if so it may provide new treatment options for BMS patients.

Oral candidiasis, Viral infection, Geographic Tongue, Gingival and Periodontal diseases, Vesiculobullous lesions and peripheral nerve damage can also give rise to oral burning sensations due to ulceration and depapillated or traumatic lesions.

Systemic Conditions

Sjogren's Syndrome : Oral changes like xerostomia and atrophic epithelium cause burning sensation.

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Diabetes Mellitus : May predispose a patient to oral candidiasis that may cause oral burning.

Nutritional disorders : Vitamin B1, B2, B6, B12, Zinc and Folic acid deficiencies also cause burning sensation.

Central nervous system disorders : Nerve injury or dysfunction resulting from oral, facial or systemic trauma or from medical condition might be the source of burning sensation in BMS.

Psychiatric and Psychological disorders : Depression and anxiety can also lead to burning mouth syndrome.

Hematological disorders and anemia's can also lead to burning sensations.

Others

Menopause, food and drug allergies and medications taken over a prolonged period of time also give rise to burning sensations in the oral cavity

Treatment

If underlying cause is identified then treat-

ment should be directed towards the source. Medications used for BMS include antifungals, antibacterials, corticosteroids, analgesics, sailogogues, vitamins and minerals replacements, hormone replacements, benzodiazepines, antidepressants and antihistamines.

Unfortunately, treatment based on any of these possible etiological factors is frequently ineffective and no treatment for BMS has proven generally effective,.

BMS remains a poorly understood yet common chronic oral facial pain disorder that is difficult to diagnose and manage.

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