



GLOBAL YEAR AGAINST
OROFACIAL PAIN
OCTOBER 2013 – OCTOBER 2014

Burning Mouth Syndrome

Definition

Burning mouth syndrome (BMS) (also known as glossodynia, glossopyrosis, oral dysesthesia, or stomatodynia) is chronic oral mucosal pain or discomfort that has no identifiable causative lesions and is not caused by any other condition or disease.

Epidemiology

The reported prevalence in general populations varies from 1% to 15%, depending on diagnostic criteria. Women are affected 3 to 20 times more than men, usually at menopausal or postmenopausal age. Improvement has been cited in half to two-thirds of patients within 6 to 7 years of onset, with spontaneous remission rates of 20% during that time frame.

Pathophysiology

Once thought to be a purely psychological in etiology, this disorder now shows increasing evidence of neuropathic elements, with central changes indicated by both neurophysiological testing and functional magnetic resonance imaging.

Clinical Features

Location, radiation: Mainly bilateral, involving the anterior tongue in most cases, and sometimes also the lips, palate, and pharynx.

Character: Burning, tingling, pricking, discomfort.

Severity: Variable intensity.

Duration, periodicity: Gradual and spontaneous onset, with burning sensations occurring daily, although periods of no pain during the day are reported.

Factors affecting it: Symptoms can increase when talking, when eating hot or spicy foods, and in times of stress. Symptoms can be reduced by eating certain foods or by drinking, by sleep or rest, and by distraction.

Associated features: Altered taste, changes in salivation, and often high scores on psychometric tests for anxiety and depression.

Diagnosis is obtained based on a thorough history and the elimination of local factors (e.g., candidiasis, herpes, hyposalivation, allergy, or mucosal lesions) or systemic factors (e.g.: vitamin deficiencies, diabetes, hypothyroidism, medications [e.g.: ACE inhibitors], autoimmune disorders) as causes of symptoms.





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Investigations

Diagnostic tests include blood tests (hematological, biochemical, and immunological) and microbial tests (viral or fungal culture).

Therapy

Treatment for BMS is primarily pharmacological, using medications for neuropathic pain. There is some evidence that cognitive-behavioral therapy may be helpful. Associated anxiety or depression may need treatment. Reassurance is extremely important because patients are concerned that they may have a malignancy and that nobody believes that they are in pain.

References

- [1] Fedele S, Fricchione G, Porter SR, Mignogna MD. Burning mouth syndrome (stomatodynia). Q J Med 2007;100:527–30.
- [2] Taiminen T, Kuusalo L, Lehtinen L, et al. Psychiatric (axis 1) and personality (axis11) disorders in patients with burning mouth syndrome or atypical facial pain. Scand J Pain 2011;2:155–60.