

# Burning Mouth Syndrome

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## Acknowledgments

- Dr. John Kalmar
- Dr. Carl Allen

## Burning Mouth Syndrome (BMS)

- Confusion
  - Name-glossodynia, glossopyrosis, stomatodynia, stomatopyrosis, sore tongue, burning mouth, and oral dysesthesia
  - Disagreement over diagnostic features
  - Other conditions with overlapping features
  - History- Patient association with dental appt.
  - Clinical appearance- normal

## Clinical Features

- Common sensory distortion
- Prevalance- 0.7%-15%?
- M:F (1:7)- peri/post-menopausal women

## Clinical Features

- Abrupt onset- no specific trigger has been identified
- Symptoms- 3 patterns
  - constant
  - mild in the morning with increased severity later in the day
  - Days to weeks of waxing/waning intensity

## Symptoms

- Affect lips, tongue (sides and especially the tip), and the roof of the mouth most commonly
- 3 categories of sensory symptoms (one, two or all three)
  - Pain- scalded, burning, tingling, numbness
  - Alteration in taste- reduction or taste “phantoms” (metallic, bitter, salty, “bad taste”)
  - Alteration in texture- dryness, cotton mouth, slimy, rough, swollen

## Etiology

- Uncertain
- Most evidence suggests it is a neuropathic problem
- Associated with depression and anxiety disorders but well-controlled studies are lacking to show cause/effect
- Non infectious, Not pre-cancerous

## Diagnosis

- Diagnose by excluding other possibilities
  - **Burning**- oral candidiasis, pernicious anemia
  - **Taste**- local/systemic factors (i.e. medications), odontogenic infection
  - **Texture**- xerostomia, orofacial granulomatosa, angioedema

## Burning

- Oral Candidiasis
  - Pseudomembranous- "Thrush"
  - Erythematous
    - central papillary atrophy or diffuse atrophy of dorsal tongue, palatal erythema, angular cheilitis
  - Chronic hyperplastic



## Burning

- Pernicious Anemia
  - Erythema and atrophy of dorsal tongue
  - Systemic symptoms
    - fatigue, weakness, shortness of breath, headache, feeling faint, peripheral neuropathy
  - Bloodwork to confirm



**Common Feature=**  
**There is something**  
**to see!**

## Taste

- Local/Systemic factors including medications
  - History is key! Onset, location, symptom pattern
- Odontogenic infection

**Common Features=**  
**History and/or**  
**there is something**  
**to see!**

## Texture

- Is the mouth dry?
  - xerostomia
- Is the mouth swollen?
  - angioedema, orofacial granulomatosis
- Is there anything rough rubbing against the area?

**Common Feature=  
There is something  
to see!**

## More Challenging

- 2 diseases at a time
  - Candidiasis and BMS- culture » antifungal » burning persists with normal tissues= BMS
- Remember
  - Step-by-step approach to exclude
  - Normal appearing mucosa, history

## Treatment

- No medically proven pharmacological treatment
- Reassurance, validation (it is real!), listening
- ~50% spontaneous resolution within 5 yrs
- For severely affected
  - Capsaicin- 3-5 drops/tsp water, swish. TID. Increase amount as desired

## References

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