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Burning mouth syndrome

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Abstract:-

Burning mouth syndrome (BMS) is an idiopathic condition characterized by a chronic continuous burning sensation of intraoral soft tissues, typically involving the tongue, with or without extension to the lips and oral mucosa. It is classically accompanied by changes in salivary function, , nutritional deficiencies, subjective xerostomia and other oral problem

Introduction:-

Burning mouth syndrome (BMS) is characterized by a burning sensation in the tongue or other oral sites, usually in the absence of clinical and laboratory findings affected patients often present with multiple oral complaints, including burning, dryness and taste alterations. burning mouth complaints are reported more often in women, especially after menopause. conditions that have been reported in association with burning mouth syndrome include chronic anxiety or depression, various nutritional deficiencies, type 2 diabetes (formerly known as non-insulin dependent diabetes) and changes in salivary function, however these conditions have not been consistently linked with the syndrome, and their treatment has had little impact on burning mouth symptoms, recent studies have pointed to dysfunction of several cranial nerves associated with taste sensation as a possible cause of burning mouth syndrome. [1]

Discussion:-

The first study, oral complaints and salivary flow were surveyed in 669 men and 758 women randomly selected from 48,500 individuals between the ages 20 and 69 years, Fifty-three individuals (3.7%), 11 men (1.6%) and 42 women (5.5%), were classified as having BMS. In men, no BMS was found before the age group 40 to 49 years where the prevalence was 0.7%, which increased to 3.6% in the oldest age group, In women, no BMS was found in the youngest age group, but in the age group 30to 39 years the prevalence was 0.6% and increased to 12.2% in the oldest age group. Subjective oral dryness, age, medication, taste disturbances, intake of L-thyroxines, illness, stimulated salivary flow rate, depression and anxiety were factors associated with BMS. In individuals with BMS, the most prevalent site with burning sensations was the tongue (67.9%).[2]

The second study, A prospective study of 150 consecutive patients with burning mouth syndrome and with a minimum follow up period of 18 months is reported. Factors related to dentures, to vitamin B complex deficiency, and to psychological abnormalities were found to be important, and undiagnosed diabetes mellitus, reduced salivary gland function, hematological deficiencies, candidal infection, parafunctional habits, and allergy might also play a part.[3]

The third study, The cause of burning mouth syndrome can be classified as either primary or secondary, When no clinical or lab abnormalities can be identified, the condition is called primary or idiopathic burning mouth syndrome some research suggests that primary burning mouth syndrome is related to problems with taste and sensory nerves of the peripheral or central nervous system.

Sometimes burning mouth syndrome is caused by an underlying medical condition. In these cases, it's called secondary burning mouth syndrome such as (Drymouth (xerostomia), which can be caused by problems with salivary gland function , nutritional deficiencies, such as a lack of iron, Allergies or reactions to foods, or dental-work substances, Other oral

conditions, such as a fungal infection of the mouth (oral thrush), an inflammatory condition.[4]

Conclusion :-

BMS occurs most often among women and is often accompanied by psychological abnormalities and xerostomia . More recently a neuropathological basis has been proposed so that BMS may be regarded as an oral dysesthesia or painful neuropathy. However, our incomplete understanding of the epidemiology, etiology, pathophysiology, and lack of diagnostic criteria are barriers to critical investigation and selection of effective treatments

References :-

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