BURNING MOUTH SYNDROME. EVALUATION OF ITS MANAGEMENT IN HOSPITAL DEL MAR (BARCELONA) PATIENTS

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INTRODUCTION

Burning mouth syndrome (BMS) is defined as a chronic pain condition mainly characterized by a burning, stinging or painful sensation of the tongue or other oral sites in the absence of any specific oral lesion or any visual alteration. Its pathogenesis is still unclear, being probably multifactorial, and most treatments remain unsatisfactory.

OBJECTIVES

The aim of this study is to evaluate both medical and psychopathological profiles of patients affected by BMS, seen in the dermatological outpatient clinic, comparing them to those prior reports in the scientific literature. This study also describes our experience with antidepressants, antipsychotics, and anxiolytics as a treatment for BMS.

PATIENTS AND METHODS

One hundred and ninety-one patients reporting symptoms of BMS and referred to the Department of Dermatology between June 2005 and June 2013 were included in the study. Clinical records were retrospectively reviewed. Study visits were performed every 3-4 months until at least 18 months after the diagnosis. A psychiatric and psychopathological evaluation was performed by means of the Hospital Anxiety and Depression Scale (HADS) in 75 patients.

RESULTS

One hundred sixty-five patients were women (86%) with an average age of 67 years. The median time of delayed diagnosis was 21 months. Ninety one patients referred burning and/or stinging and/or pain; the remaining ones complained of dysgeusia, inflammation or paresthesia (Fig. 1). *Candida albicans* was isolated from oral mucosa samples in 28 patients (11 of them used dental prosthesis). Antifungal therapy did not improve symptoms in any of these cases. Thirty percent of patients expressed a stressful life event, death and/or cancer in relatives or close friends even before the onset of symptoms, and 10% a previous dental procedure. Psychiatric disorders proved to be the most frequent comorbidity; 15% of patients had a previous anxiety/depression diagnosis and 12% had cancerophobia (Fig. 2). Seventy-five patients underwent the Hospital Anxiety and Depression Scale (HADS) test, revealing depression and anxiety traits in 32% and 50% of patients, respectively (Fig. 3). The most frequently associated medical conditions were, diabetes mellitus (17 patients), followed by hypothyroidism (14 patients) and fibromyalgia (14 patients). Associated and muco-cutaneous conditions included: oral lichen planus (n=13), saburral tongue (n=11), oral aphtous ulcers (n=9), venous lakes (n=2), geographic tongue (n=1), exfoliative cheilitis (n=1), lichen sclerous et atrophicus (n=1), Behçet's disease (n=1) and granular cell tumor (n=1).
Laboratory examinations were performed in each patient and revealed 10 subjects with iron deficiency, 6 cases with B12 vitamin deficiency, 3 subclinical hypothyroidism and 1 case of folic acid deficiency. A breath test to detect Helicobacter pylori was carried out in 55 patients with dyspepsia, with 30 testing positive. Eradication treatment did not improve symptoms in any case. Patch-testing was performed on 102 patients, showing positive results in 34 of them, but only 4 were considered clinically relevant. We treated 180 patients with psychotropic drugs (in most of them combining several drugs), (Fig. 4). Out of 180 patients, 98 patients received different types of topical treatment, and 149 received at least one oral nutritional complement (Fig. 5). A follow-up conducted after 18 months the results showed that 28% of the patients referred >90% resolution of clinical symptoms, 26% referred < 90% of improvement and only 10% stayed the same or referred worsening. In the remaining 36% of subjects no follow-up was possible (Fig. 6).

Fig. 1. Symptoms

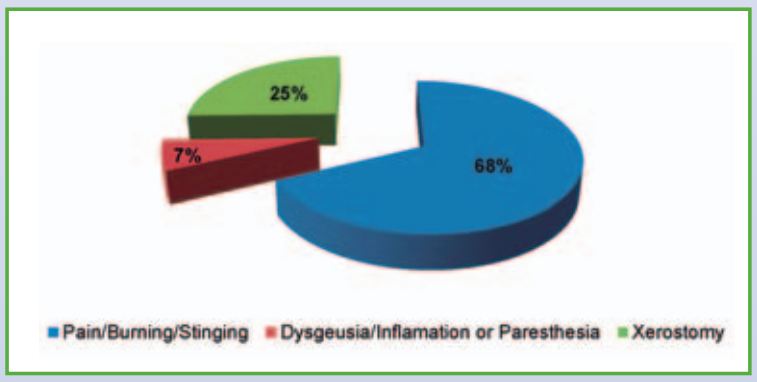


Fig. 2. Psychiatric comorbidities

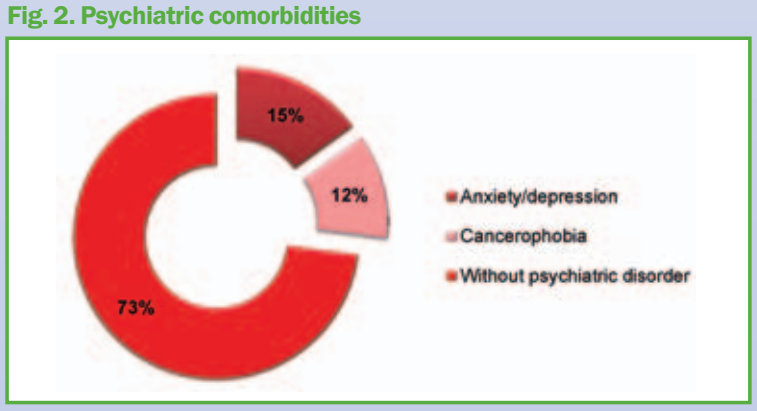


Fig. 3. Hospital Anxiety and Depression Scale score

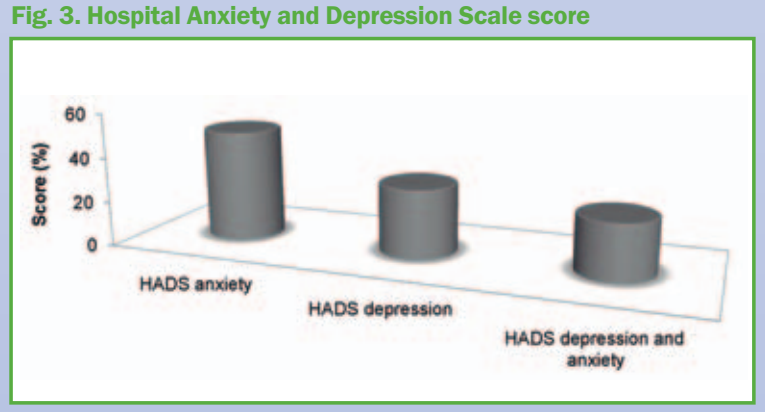


Fig 4. Psychotropic treatment

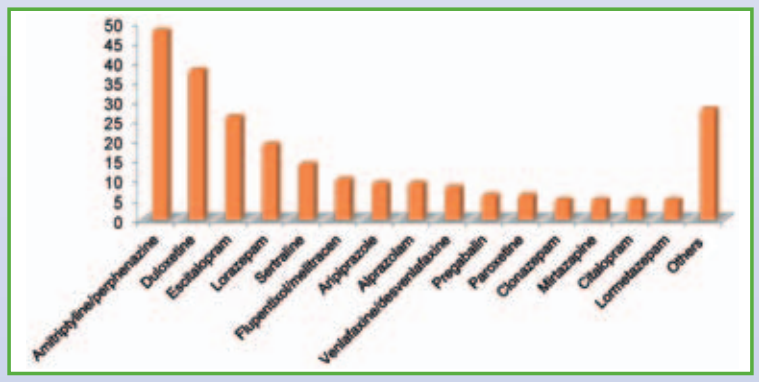


Fig. 5. Nutritional complementary treatment (Percentage)

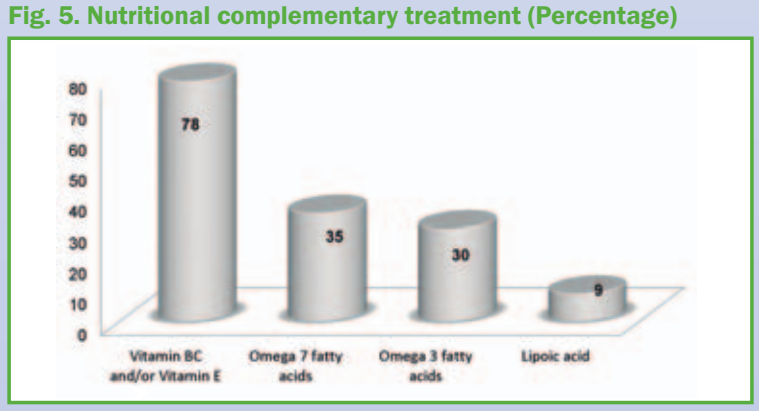
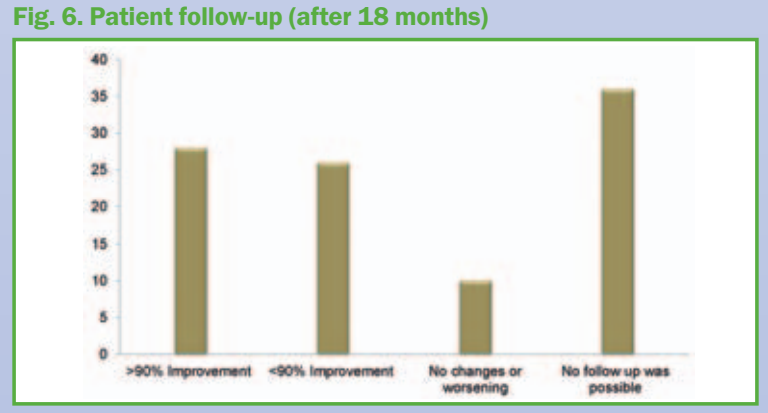


Fig. 6. Patient follow-up (after 18 months)



CONCLUSIONS

BMS is a chronic condition of difficult management. The typical patients are post-menopausal women. There is no relevant association with other medical or dermatological diseases. Psychiatric comorbidity (depression and / or anxiety) is very common. The most relevant triggers include stressful life events followed by dental procedures. Analytic alterations are not frequent, and in cases of hormonal or nutrition deficiencies correction of these does not improve oral symptoms. Treatment of *Candida albicans* is not useful in carriers. Relevancy of patch-testing is controversial, and Helicobacter pylori eradication does not help. The therapeutic approach with psychoactive drugs in the management of BMS should be the main treatment, especially the combined therapy, having lead to improvement in more than half of the patients in our study.

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