

BURNING MOUTH SYNDROME: CURRENT CLINICAL, PHYSIOPATHOLOGIC AND THERAPEUTIC DATA

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Introduction: Burning mouth syndrome (BMS) is an unremitting oral burning in the absence of detectable changes of the oral mucosa, whose prevalence ranges from 3.7% to 18% in the older age groups, particularly among postmenopausal women. This condition is often under-diagnosed, and rarely treated when diagnosed.

Aims:

- (i) To make a synthesis of clinical and pathophysiological data,
- (ii) to provide a review on therapeutic evaluated in BMS.

Methods: We conducted a systematic review of the literature using the criteria according to the PRISMA research paradigm "glossodynia OR burning mouth syndrome OR stomatodynia OR stomadynia OR stomatopyrosis OR glossodynia OR oral dysesthesia OR persistent idiopathic orofacial pain".

Results:

- (i) BMS is described as burning pain, tingling or numbness sensations in the oral mucosa, most often affecting the tongue, anterior palate and/or lips. The pain increases during the day, is relieved when the patient is eating or drinking, and is exacerbated by speaking.

BMS has a multifactorial origin, involving peripheral nerve dysfunction (peripheral small fibre neuropathy of intraoral mucosa ; subclinical lingual, mandibular, or trigeminal neuropathy) and central (striatal dopaminergic dysfunction); hormonal dysfunction (impaired production of neuroactive steroids in the skin) and psychological (neurotic personality with somatization).

- (ii) Literature can recommend systemic alpha-lipoic acid, topical or systemic clonazepam, and psychotherapy. Efficacy data and the risk / benefit ratio of the tongue protectors allow to recommend their use.

Conclusions: We have explained current clinical, physiopathologic, and therapeutic data of BMS whose understanding is necessary to improve these patients' management.