

# Burning mouth syndrome is often difficult to diagnose

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Oral pain that feels like a scalded mouth and can last for months has baffled dental researchers since the 1970s, when burning oral sensations were linked to mucosal, periodontal, and restorative disorders and mental or emotional causes.

It's called burning [mouth](#) syndrome (BMS), and it's gaining the attention of such dental researchers as oral pain expert Andres Pinto, who recently joined Case Western Reserve University's School of Dental Medicine faculty.

What's frustrates patients and doctors alike, said Pinto, is that the mouth and gums appear normal with BMS, so its diagnosis is difficult. Patients often find themselves having to visit several doctors before finally arriving at BMS as the cause.

Pinto, new chair and associate professor in the Department of Oral Diagnosis and Radiology at the dental school and an oral medical specialist in the Department of Oral and Maxillofacial Surgery at UH Case Medical Center, encourages people with persistent mouth pain to check for the following symptoms that might be caused by BMS:

- Persistent burning tongue and oral pain with no apparent dental cause
- Abnormal taste or dry feeling in the mouth
- Symptoms that disappear when eating
- Burning sensations may migrate across several oral areas

Even if oral pain is present without these symptoms, Pinto recommended consulting a dentist for a thorough exam of the teeth, gums, mouth and throat.

Between two and five percent of the U.S. population acquires BMS, he said, but the syndrome especially strikes women between age 50 and 70, and from three years before to 12 years after menopause.

Early research in BMS explored the association with local oral changes that could be corrected by dentists, and the observed comorbidity with psychogenic disorders. Changes in neurologic sensory function in patients with BMS and reported cases of secondary BMS to anemia, diabetes, vitamin deficiency, and thyroid disorders, triggered further exploration into peripheral neural changes and central nervous system (brain) mechanisms that could contribute to the causes of this condition.

Although the exact cause of BMS is unknown, the suspected origin is deterioration of the nerves beneath the oral lining. The deterioration isn't visible, which explains why the mouth appears normal when examined and can delay diagnosis, Pinto explained. Still unproven is the role hormones may play in BMS, given the link to menopause.

The pain from BMS often results in quality of life issues, from poor nutrition to the sufferer withdrawing from social situations. In some cases, the pain is so severe it has driven people to commit suicide, Pinto said.

Patients can receive relief with special mouthwashes, analgesics and other topical and systemic treatments.

Pinto recently joined a research team to learn what postgraduate programs in dental schools are teaching about BMS. The researchers report in the October issue of the *Journal of the American Dental*

*Association* that BMS is being taught but more needs to be done.

Pinto's research has received funding from the Robert Wood Johnson Foundation and the federal Health Resources and Services Administration, and he has participated in pain research and education initiatives funded by the National Institutes of Health.

Provided by Case Western Reserve University

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