

<p>Burning Mouth Syndrome:  (Essential BMS [EBMS] by exclusion of all other possible factors)</p> <ol style="list-style-type: none"> <li>a. 50% of all cases have tongue as only site</li> <li>b. Pain usually present in am., increases in pm., decreases by late evening</li> <li>c. Often decreased pain with eating but taste changes are present</li> <li>d. 90% female; increased incidence with age</li> </ol>	<p>Robert A. Finkel, DDS, MAGD</p>
<p>Diagnosis of Pain Patient:</p> <p>A. Clinical Evidence of Tissue Trauma (Floss, Food, T.B.)?  Tx: Eliminate Etiology; Topical analgesics, Systemic NSAID's</p> <p>B. Clinical Evidence of Oral Inflammation or RAU?:  Tx: Topical Steroids, Systemic Steroids  Tri- or Quad-valent Rinse (Decadron, Benadryl, Tetracycline,  (Viscous Lidocaine))  Eliminate all items in G. [Below]; if better, add back individually</p> <p>C. Evidence of red, inflamed gingival; rubs off with bleeding spots?  Tx: Topical Anti-fungal: Mycostatin Susp., Mycostatin Pastilles,  Mycelex Troche, Lotrimin Troche  Systemic Anti-fungal: Nizoral Tabs, Fluconazole</p> <p>D. Dental: Endo, Perio, Decay, Myofascial?  Tx: Dental treatment or TMD/Myofascial treatment</p> <p>E. Xerostomia? Dry mouth, dry/shiny tissues, mirror sticks to cheek?  Dx: Salivary Flow/Function tests, eg. Test Strip  Tx: Xerostomia Protocol from sheet  Topical Betamethasone Valerate Ointment (0.1%)</p> <p>F. ACE-Inhibitor Use? (eg. Benazepril, Captopril)  Tx: Refer to MD to change meds away from ACE-Inhibitor</p> <p>G. No visible signs and/or no improvement?  Tx: 1. Eliminate Tartar-control toothpaste  2. Eliminate Na-Laurel-Sulfate in T.P. (use Tom's of Maine)  3. Eliminate Triclosan (Colgate Total T.P.)  4. Eliminate Tomatoes, Corn, Chocolate, Apples, Citrus,  Nuts, Fish, Seafood, Beer, Cinnamon flavoring</p> <p>H. Blood Studies: SMA-22, CBC with Diff., Anemia, Diabetes  Vit B-1 (Thiamin), Vit B-6 (Pyroxidine),  Vit B-12 (Cobalimin), Folate, Iron, Zinc,  Tx: Refer to MD for tx of Nutrition, Diabetes, Anemia  If Periph. Diabetic Neuropathy: Gabapentin (Neurontin)</p> <p>I. No visible signs and/or no improvement?  Tx: Trial Anti-fungal tx [See C, above]</p> <p>J. No visible signs and/or no improvement?</p>	<p>Possible Dx/Etiology:  Dx: Trauma</p> <p>Dx: RAU</p> <p>Dx: Fungal/Candida</p> <p>Dx: Dental Pathology  Myofascial Pain</p> <p>Dx: Xerostomia</p> <p>Dx: Scalded Mouth Syndrome</p> <p>Dx: Possible Topical Sensitivity</p> <p>If improves; add back to challenge with each, one per week, to evoke symptoms and determine etiology.</p> <p>Dx: Nutritional Deficiency  Anemia  Periph. Diabetic Neuropathy</p> <p>Dx: Poss. Sub-clinical Fungal Infect.</p> <p>Dx: EBMS (Essential Burning Mouth Syndrome)</p>