



Burning Mouth Syndrome: Understanding, Managing, and Treating Oral Discomfort

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DESCRIPTION

Burning Mouth Syndrome (BMS) is a chronic condition characterized by a burning sensation or pain in the mouth, often in the absence of any visible lesions or abnormalities. This condition predominantly affects the tongue, lips, palate, gums, or entire oral cavity, and can significantly impact quality of life due to persistent discomfort and difficulty eating, speaking, and performing oral hygiene activities. Burning mouth syndrome is more common in women, particularly during or after menopause, and tends to occur in individuals over the age of 50, although it can affect people of any age. The exact cause of burning mouth syndrome is not well understood, and it is likely multifactorial, involving a combination of biological, psychological, and environmental factors. Possible contributors to BMS include hormonal changes, nutritional deficiencies (such as vitamin B12 or iron deficiency), oral candidiasis (yeast infection), oral Para functional habits (such as teeth grinding or clenching), psychological factors (such as stress or anxiety), certain medications (such as angiotensin-converting enzyme inhibitors or oral contraceptives), and neurological conditions (such as neuropathy or trigeminal nerve dysfunction). Symptoms of burning mouth syndrome typically include a burning or scalding sensation in the mouth that may worsen throughout the day, a metallic or bitter taste, dry mouth altered taste perception and increased thirst. The severity of symptoms can vary widely among individuals, ranging from mild discomfort to debilitating pain that interferes with daily activities. The onset of symptoms may be gradual or sudden, and they may persist for months or even years, leading to frustration and emotional distress for affected individuals. Diagnosing burning mouth syndrome can be challenging due to the absence of visible lesions or definitive diagnostic tests. Healthcare providers typically rely on a thorough medical history, physical examination, and exclusion of other

possible causes of oral burning or pain, such as oral infections, allergies, or autoimmune diseases. Laboratory tests, including blood tests to assess for nutritional deficiencies or hormonal imbalances, and oral swabs to rule out oral candidiasis, may be performed to help rule out other potential causes. Treatment of burning mouth syndrome aims to alleviate symptoms and improve quality of life, although there is no single universally effective treatment. Management strategies may include addressing underlying medical conditions or contributing factors, such as hormone replacement therapy for menopausal women, nutritional supplements for vitamin deficiencies, or modification of medications that may exacerbate symptoms. Symptomatic relief may be achieved through the use of topical oral rinses or gels containing numbing agents saliva substitutes or stimulants to alleviate dry mouth, and oral medications such as antidepressants, anticonvulsants, or benzodiazepines to modulate pain perception or reduce neuropathic pain. In addition to medical interventions, lifestyle modifications and self-care strategies can also help manage symptoms of burning mouth syndrome. These may include avoiding spicy or acidic foods and beverages that may exacerbate oral discomfort, practicing stress management techniques such as mindfulness or relaxation exercises, maintaining good oral hygiene practices, staying hydrated, and avoiding tobacco and alcohol, which can further irritate oral tissues. While burning mouth syndrome can be challenging to manage, most individuals experience some degree of improvement with appropriate treatment and support.

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CONFLICT OF INTEREST

The author's declared that they have no conflict of interest.

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