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Glycolimia in burning mouth syndrome

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Objective: While pain with burning mouth syndrome (BMS) is reduced with ingestion of food and artificial sweeteners, glycolimia with BMS has not been described.

Methods & Case Report: A 57 year-old female presented with a three year history of burning mouth on the tip of the tongue and taste disturbances, precipitated by multiple dental extractions. She rates her taste as 2% and has a consistent foul bitter glue taste, 10/10 in severity. This would blend with foods causing the taste to be distorted and cacogeusic. This is better with chewing gum, and eating of sweet foods. Before being afflicted she disliked sweet foods, but now daily eats a gallon of chocolate mint ice cream, three king-size Mr. Goodbars (380 calories/bar), and 45 pieces of bubble gum.

Results: Chemosensory testing: Olfactory: Brief Smell Identification: 7 (hyposmia). Alcohol Sniff: 6 (Anosmia). Pocket Smell: 3 (normosmia). Retronasal Smell Index: 7 (normal). Gustatory: 6-n-propylthiouracil disc: 5 (normogeusia). Taste Threshold: normogeusia to sodium chloride, hydrochloric acid, and phenylthiocarbanol. Hypogeusia to sucrose and urea. Taste quadrant: whole mouth taste weakness to quinine hydrochloride. Application of 1 gram of Splenda (dextrose, maltodextrin, and sucralose) led to temporary total elimination of bitter taste and burning mouth from 10/10 to 0/10.

Discussion: Possible mechanisms include exogenous sweet acting to inhibit endogenous bitter taste or change in salivary consistency, thus reducing any disordered somesthetic effect of the saliva. It may be worthwhile to screen those with glycolimia (i.e. diabetics) for BMS, the management of which may help treat their underlying condition.

Biography

Tatiana F Lopes is a final year medical student at Caribbean Medical University. She had completed her BA in Biology from Brown University and a MBA in Human Resource Management at Davenport University.

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