

Burning Mouth Syndrome and Kiwi Consumption



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Mini Review

A 35-year-old female presented to Apple Dental Clinic for a routine checkup. She referred with complications such as burning and redness of the tongue, pain and inflammation on the lips and buccal mucosa. Examination revealed redness and a few ulcers on her tongue and the right buccal mucosa area. She also had tingling and burning sensation on her lips and buccal mucosa (Figures 1-3).



Figure 1.

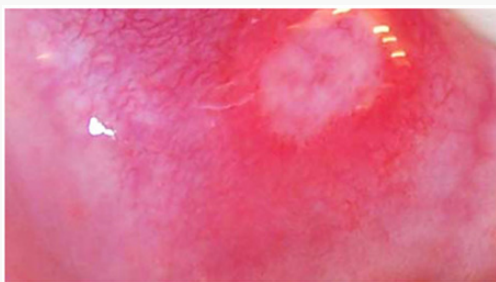


Figure 2.



Figure 3.

History

When questioned about the area, the patient claimed the ulcer had been present for at least one month, maybe longer. Pain or discomfort was noted on tongue, lips and buccal mucosa by the patient. No history of trauma to the area was noted. Patient had a previous history of regular and routine dental care. She denied a history of smoking, but she had a history of drinking from time to time. At the time of the dental appointment, the patient was not taking medications of any kind. No significant problems were noted during the health history.

Examinations

The patient's vital signs were all found to be within normal limits. No other abnormal extra oral findings were noted. Oral examination revealed a few ulcerative lesions on the tongue and buccal mucosa, measuring more than 1 cm in diameter (see photos). The lips were red and swollen, especially on the lower one.

Differentials Diagnosis

- Lichen planus.
- Traumatic ulcer.
- Recurrent herpes labialis.
- Burning mouth syndrome.
- Squamous cell carcinoma

Diagnosis

If the lesion is suspected to represent SCC, the patient must be promptly referred to an oral surgeon for biopsy. A biopsy and histological examination is necessary to establish a definitive diagnosis of SCC. Diagnosis of the BMS is mainly based on the history of the patient and clinical features. After performing the necessary clinical examinations and ruling out the differential diagnosis, all the etiology factors were considered. In addition, pathological tests were carried out which, fortunately, were adequately and thoroughly investigated, led to the source of the agent, and the main cause of this complication was the daily use of kiwis. One month

earlier, the patient was accustomed to adding a few kiwis daily to his meal.

Treatment

Clinical treatment is usually complex and there is no uniform management protocol. In each case, all symptom components must be addressed. In the presence of allergic reactions, the simple removal of the suspected allergen might cause the complete remission of the symptoms of BMS. After identifying the cause of this complication, the patient was urged to cut off the use of this fruit. In this case, eliminating the allergic reactions by not having Kiwi in daily dietary, has promoted the patient condition.

Prognosis

A standard management protocol is still lacking to treat BMS patients, and both the physiological and psychological aspects must

be kept in mind. Our colleagues should consider that the etiology of the syndrome is very important so that should be able to manage the patient effectively. Dental practitioner should keep in mind that complete spontaneous remission is rare.

Follow Up

After a month, the patient referred to the clinic for a subsequent examination and check-up. Fortunately, after discontinuation of daily intake the fruit, the complications were completely eliminated. Mohammad Karimi, DMD, BS is the technical manager of Apple Dental Clinic, Sections of Pediatric Dentistry and Esthetic Dentistry

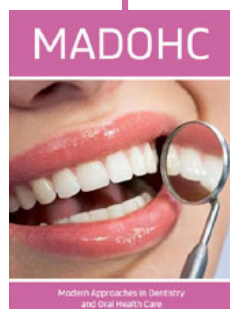


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