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LETTER TO THE EDITOR

Efficacy of tongue protector in patients with burning mouth syndrome: a commentary

Dear Editor,

We would like to congratulate Lopez-Jornet *et al* (2011) for their original article entitled 'A prospective, randomized study on efficacy of tongue protector in patients with burning mouth syndrome (BMS)'. There is little research evidence to provide clear recommendation for management of patients who have BMS. However, we have few questions on Materials and Method section of the article:

1. Tongue protectors given to group B patients were custom-made to a standard size (67 mm length and 66 mm width). In view of the fact that tongue size varies from patient to patient, is it not likely to create issues regarding the fit of the protector for patients with a small or large tongue?
2. The duration of use of the tongue protector (i.e., 15 min/thrice daily for 2 months) is questionable as for the rest of the period patient might be indulging in the parafunctional activity (especially at night) without the protector, which defeats the purpose of the treatment. We feel that the intervention could have been of a longer duration, to obtain a biofeedback effect.

3 It is difficult to assume that giving a protector for the tongue did not raise any tolerability issues or adverse effects (increased salivation, gagging, etc.). We would like to request the authors to kindly address to the tolerability issues with the use of a tongue protector so as to notify for future studies.

Axell (2008) suggested use of lingual acrylic splints for protecting the tongue surface. Soft splint over the teeth is another alternative to tongue protector when patient compliance is a problem. The advantage of splint is that it can be customized according to each patient, worn for a longer duration especially at night, and keep the tongue from pressing/rubbing against the lingual surfaces of teeth. Combination splints can also be made in case of missing teeth.

We wish to appreciate the efforts taken by the authors in conducting this study concerning the subject. The scientific literature is ambiguous and equivocal about the etiologic factors, diagnosis, and management. There is no doubt that more innovative and interdisciplinary research is required to elucidate and expand on the knowledge of etiology, pathogenic factors, and treatment aspects of BMS.

N Pathak, KM Pai

Department of Oral Medicine and Radiology, Manipal College of Dental Sciences, Manipal, Karnataka -576104, India
E-mail: drpathak99@gmail.com

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Lopez-Jornet P, Camacho-Alonso F, Andujar-Mateos P (2011). A prospective, randomized study on the efficacy of tongue protector in patients with burning mouth syndrome. *Oral Dis* **17:** 277–282.

Reply to the Author

We thank Dr Nidhi Pathak and Pai Keerthilatha for their thoughtful comments regarding the above manuscript – A prospective, randomized study on efficacy of tongue protector in patients with burning mouth syndrome.

The tongue protector used in our study offered protection as it avoided direct friction or rubbing of the tongue regarding the changes in temperature and taste, and salivary flow (increased). We do not use this model as splints.

We hope that the model will be a useful instrument in the study burning mouth syndrome.

P L-Jornet Ph, MD, DDS,
F C-Alonso Ph, DDS,
P A-Mateos DDS

Correspondence
Dra. Pía López-Jornet
Clínica Odontológica Universitaria
Hospital Morales Meseguer
Adv. Marques de los velez s/n
Murcia 30008, Spain
Tel: 00 34 968 398588
E-mail: majornet@um.es