

# Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.

The abstracts on this page have been chosen and edited by Paul Hellyer.

## The aetiology of burning mouth syndrome is unclear

Treatment modalities for burning mouth syndrome : a systematic review  
de Souza L, Marmora B, Rados P, Visioli F. *Clin Oral Investig* 2018; **22**: 1893–1905

### Multi-disciplinary treatment modalities may be needed

Burning mouth syndrome (BMS) is characterised by chronic orofacial pain and the absence of mucosal lesions. It has a prevalence of 5:100,000 people and more frequently occurs in post-menopausal women. The cause is unclear.

From analysis of 29 relevant papers reporting randomised clinical trials, this literature review found five categories of treatment modality – antidepressants, alpha-lipoic acid (ALA), herbal remedies, analgesic/anti-inflammatory agents and non-pharmacological therapies, such as laser techniques, acupuncture and psychotherapy. The antidepressant clonazepam, used topically, and ALA administered systemically both showed promising results but further research is necessary. No study found a consistently successful outcome and some studies showed that the placebo was as equally effective as the trial treatment.

Although no improvements were noted when psychotherapy was used, the authors suggest that the placebo responses highlight the need for a multi-disciplinary approach, including investigating the psychological and/or psychiatric characteristics of the patients.

DOI: 10.1038/sj.bdj.2018.677

## It's swollen and painless and... it's a referral!

The use of tools to support oral lesion description in oral medicine referrals

Zimmermann C, Meurer M, Telino de Lacerda J, Ferreira de Mello A. Grando L. *Braz Oral Res* 2017; <http://dx.doi.org/10.1590/1807-3107bor-2017.vol31.0093>

### The use of response prompts improves the quality of referral letters

Incorrectly describing oral lesions when referring to secondary care may result in delay, poor prioritisation, unnecessary repetition of tests and possibly inadequate treatment.

In this study, dental practitioners (n = 112) were asked to describe two different lesions which were displayed on a screen. They were to write 1) freehand descriptions, 2) descriptions using the Brazilian Ministry of Health (MOH) standard referral form, and 3) descriptions using the Oral Descriptor (OralDESC) form being trialled. The MOH form had headings (location, size, colour etc) with adjacent blank boxes to enter the requested information. The OralDESC form was similar but used descriptors, pictograms or further questions to prompt the responses.

The responses were measured against gold standard descriptions from three professors of oral medicine. The results showed that the use of the OralDESC form improved the quality of referrals.

DOI: 10.1038/sj.bdj.2018.679

## A novel treatment for non-responsive angular cheilitis

Hyaluronic acid dermal fillers in the management of recurrent angular cheilitis: a case report

Lorenzo-Pousa A, Garcia-Garcia A, Perez-Sayans M. *Gerodontology* 2018; **35**: 151–154

### An immediate, successful result – pain and symptom free one year later

Angular cheilitis (AC) is characterised by erythema, crusting and fissures at one or both labial commissures. Frequently associated with loss of occlusal vertical dimension (OVD), it is more prevalent in older patients and is often both painful and unsightly.

This paper reports on the treatment of a refractory case of AC in an 80-year-old male dentate patient with a slight loss of OVD. Treatment from his doctor with antifungals and antibiotics 12 months previously had not been successful. Blood tests and medical history were unremarkable. There was no evidence of intra-oral candidiasis. The patient refused any intervention to increase his OVD on the grounds of both cost and the fact that his dental function was satisfactory.

It was decided to inject hyaluronic acid dermal fillers to lift the perioral tissues and attempt to eliminate the inflamed fissures. The AC resolved immediately and the patient remained pain free and asymptomatic at 12 month review, despite some loss of volume in the treated areas.

DOI: 10.1038/sj.bdj.2018.678

## Early detection of oral cancer is essential

Diagnostic pathway of oral cavity cancer in an integrated health care system

Wang K, Song B, Gilde J et al. *Perm J* 2018; **22**: 17-152; DOI :10.7812/TPP/17-152

### Dentists have an important role to play in screening

This study examined the delays in referral, diagnosis and treatment within an integrated healthcare system in California, USA for patients with oral cavity squamous cell carcinoma (OCSCC). The records of 247 patients were examined retrospectively to determine the time between the patient recognising symptoms and the attendance at a primary care practitioner (the patient interval) and the time between that initial visit and the date of pathological diagnosis (the professional interval). The diagnostic interval was a sum of the patient and professional intervals. The total interval was defined as the time between first symptoms and time of treatment.

Only 35% of patients were referred by dentists for specialist care. The patient interval had a median of 8.6 weeks (range 0–520 weeks). The median professional interval was one week and the time to specialist diagnosis was zero weeks. The median time from diagnosis to treatment was 3.9 weeks.

The authors stress the important role of dental care professionals in the early diagnosis of OCSCC. Encouraging preventive visits to the dentist, particularly by high risk individuals, may help in early detection of OCSCC and reduce diagnostic delay.

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