Burning Tongue Sensation


Recently I had a recall/prophy appointment for a 56-yr-old ex-hygienist who complained of a burning sensation bilaterally in her tongue of about 6 months duration. She had already sought diagnosis from her primary care physician and an ear nose and throat specialist. No diagnosis or relief was found. Upon examination there is no noticeable reddishness, or leukoplakia, or anything notable for that matter. She went on to say her lips also burned. Again nothing noted there. The one new symptom with this complaint was a dry mouth. She'd been attempting to control with frequent water drinking, and sugarless gum. No changes in meds, no changes in toothbrushes or toothpastes were noted. I tried to ‘milk’ both her parotids and sublingual glands and could express no noticeable saliva.

My mind went in the direction of Sjögren’s syndrome and wondered if the burning was a symptom of the dry mouth. Has anyone experienced this in a patient? What are the next steps...is it just palliative treatment of the dry mouth, definitive testing for Sjögren’s?

Dr. Chad | Chad | Total Posts: 2,652 | Member Since: 7/28/2001 | Location: Lebanon, TN | Posted: 4/28/2003 8:41:14 AM | Post 2 of 19

According to my oral path book from school, the following produce burning tongue:
1. Burning mouth syndrome
2. Psychosis
3. Neurosis
4. Viral infection
5. Fungal infection
6. Chronic bacterial infection
7. Geographic tongue
8. Fissured tongue
9. Generalized oral mucositis diseases
10. Xerostomic conditions
11. Anemia
12. Achlorhydria
13. Multiple sclerosis
14. Vitamin deficiencies

Sjögren’s disease generally causes a bilateral enlargement of the salivary glands, causing decreased production of saliva. These patients also may experience dry eyes due to decreased tear production.

The next step may be a blood test. The erythrocyte sedimentation rate is high and the serum immunoglobulin levels are high, especially IgG.


One possible solution may be to have the patient take a trip to the pharmacy and pick up a B-complex vitamin. Have seen this before, and often is attributed to a vitamin deficiency. This could be a real easy fix, but if greater problems exist, may not help at all, but it is at least worth a try as it is sold OTC and is inexpensive. If it does work, you look brilliant. If not, you at least tried.


Jeff, I know you said she is not using a different toothpaste. But I had a patient very similar to yours. I finally referred her to an OS, who referred her to an oral pathologist. It turned out that it was the whitening toothpaste that she was using. Once she stopped using it, her tongue cleared up. I agree with the Vit B complex too and probably use a “magic mouthwash” rinse with it. Lidocaine, Benadryl, dexamethasone, and a liquid antacid.


Had the same situation last week with a patient. Told her to have blood chem analysis done with her physician to check out her hormones. I think when all else is ruled out that may be a culprit. Does anyone know of a toothpaste that has aloe vera in it? I had gotten a sample at a dental conference one time and gave it to a patient with burning mouth syndrome and it seemed to alleviate many of her symptoms.

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Bill, I don’t know which toothpaste, but I have found that applying Vit E will sometimes help.

Unfortunately, there is not a lot you can do for burning tongue. Usually you are guessing at the cause. So I found the best way to treat it, was to treat the symptoms and try and get the patient relief. Most usual cause tends to be an introduced factor such as the toothpastes, especially the whitening toothpastes, also citrus fruits and tomatoes. We use a gel with Cetylpyridium to coat the tongue and provide some soothing. Seems to work well.

Paul, thanks for the input. I agree, with really tough topical oral pain I use the 1, 2, 3 mouthwash. Works great, but this is less severe, more chronic, she’s been putting up with it for several months now. I am feeling more and more like this is Sjögren's syndrome... though there are some meds I want to rule out. (She’s been on these for much longer than the problem though) and hormonal issues...does anyone know what test to order for Sjögren's? Refer to OS, let them deal with the referral?

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Dr. Chad | Chad | Total Posts: 2,652 | Member Since: 7/28/2001 | Location: Lebanon, TN | Posted: 5/1/2003 8:46:45 AM | Post 13 of 19

The are some saliva substitute gels that patients can get at a pharmacy/Wal-Mart. The one that a radiation patient swore by was called Oral Balance. I don’t know the ingredients, but he said it kept his mouth moist and helped him taste his food better.


Apart from being a dentist, I also manufacture products. One of the products we make is an oral gel for dry mouth and sensitivity. It is based on cetylpyridium and chitosan. It was originally designed for aged care, but it works great in our patients with dry mouth as well.

I am not trying to sell to anyone, just wanted you to know that there are alternatives out there.

rarm1 | Robert Arm, DMD | Vice Chair, Dept. of Oral Maxillofacial Surgery and Hospital Dentistry | Director, General Practice Residency | Section Chief Oral Pathology, Christiana Care Health System | Total Posts: 3,769 | Member Since: 12/13/2002 | Location: Wilmington, DE | Posted: 5/17/2003 8:43:11 PM | Post 16 and 17 of 19

[Editor’s Note: This post was edited for length to fit in the space allotted. If you would like to see the post in its entirety, please visit Dentaltown.com]


Burning Mouth Syndrome (BMS)/Glossodynia “The majority of patients are post-menopausal females; the gender ratio demonstrates a preponderance of women to men by 3 to 1 or greater. The overall population prevalence is from 0.7 to 2.6%. BMS generally does not manifest until the fifth decade or later. 1-6

Management: Rule-out intra-oral causation (like xerostomia - Force fluids/xerostomia therapy as necessary; Evaluate for ill-fitting dentures, Rule-out oral vesicular erosive disease (i.e. lichen planus), Rule-out oral candidiasis), Rule-out nutritional deficiencies (like Iron, folate, vitamin B12, etc.), Rule-out diabetic neuropathy (get lab tests i.e. HbA1c or fasting serum glucose), Rule-out autoimmune dysfunction, Rule-in or rule-out material, drug, and food allergy and/or intolerance as necessary, Patient education regarding avoiding parafunctional habits, Refer for workup.”
THE BEST ADVICE IS TO REFER…before you get a headache.

The dry mouth/xerostomia info:

“Acute or chronic salivary flow alterations or xerostomia may result from drug therapy, mechanical blockage, dehydration, emotional stress, infection of the salivary glands, local surgery, avitaminosis, diabetes, anemia, connective tissue diseases, Sjögren’s syndrome, radiation therapy, viral infections, and certain congenital disorders.

Clinical Description:

“The tissue may be dry, pale or red and atrophic. The tongue may be devoid of papillae, atrophic, fissured and inflamed. Multiple carious lesions may be present, especially at the gingival margin and on exposed root surfaces.”

Rationale for treatment:

“Salivary stimulation or replacement therapy to keep mouth moist, prevention of caries and candidal infection and palliative relief.

For patients with removable dentures, the application of an artificial saliva or oral lubricant gel to the tissue contact surface of the denture reduces friction.”

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**Burning Mouth Syndrome - Patient Information Sheet**

The burning of the mouth that you are experiencing is often very hard to diagnose. One common type, the burning mouth syndrome, the diagnosis is made by eliminating all other possible diagnoses. Treatment is difficult and often multiple referrals are necessary. The burning of the mouth where a diagnosis is possible has treatment generally headed towards eliminating the cause. Some of the common diagnoses include: candidiasis (yeast infection) and xerostomia (dry mouth). Often the doctor may want to try treatment for these 2 diagnoses, even though not clinically visible, because their treatment may help relieve your symptoms.

Often the doctor may wish to do some blood studies to help with the diagnosis.

Quite often because of the pain, you may feel depressed. This is common in a patient with chronic pain. This may necessitate a referral to help you cope with the pain.

Several of the medications often used, such as Pamelor and Elavil, are anti-depressants but are not used as such. They also act in altering the pain response. Your doctor may wish to try these.

One of the frustrating factors for both you and the doctor is that examination often shows nothing.

Often the doctor may ask you to watch for habits that may be causing an irritation or maintain a log on how the pain reacts. This log may include all items you place into your mouth.

You may be asked to alter your diet particularly to avoid spicy or acidic foods. You may be asked to avoid certain substances that may irritate the mouth.

Often topical anesthetics applied locally and special mouth rinses may help hide the symptoms. You may need additional medication to help with sleep.

Often your family physician or dentist may wish to refer you to a specialist in this area, such as in oral medicine.

While the disease is painful and frustrating and may need periodic check-ups, the diagnosis infers that nothing more serious is seen. But, it is important that if your symptoms change or the appearance of your mouth changes you must notify your doctor immediately.

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