



received insufficient and in accurate information about their problem. (Gurvits, 2013)(Scala, 2003)

Burning mouth syndrome is divided into three subtypes, depending on the daily variation of symptoms (Table 1). BMS type 1 (35%) is characterized by day time pain that is not present on awakening but progresses during the day, with the greatest problems in the evening. Patients with BMS type 2 (55%) wake up with continuous daily pain, while those with type 3 (10%) have intermittent pain with periods of rest; the pain occurs in unusual places, such as the buccal mucosa, the floor of the mouth and the throat. Type 1 is associated with non- psychiatric factors, type 2 –with chronic anxiety, and type 3 –with dietary supplements and allergies. Type 2 patients respond best to therapy.(Riley, 1998) (Grushka, 2002)

**Table 1: BMS types**

	Clinical Manifestation	Factors
Type 1	Daily pain, not present on waking, increases with the progress of the day	Non-psychiatric
Type 2	Daily pain, continuous	Psychiatric, mostly chronic anxiety
Type 3	Intermittent pain, unusual places (buccal mucosa, floor of the mouth)	Allergic contacts to matitis to essences, additives

## 5. Conclusion

Burning Mouth Syndrome remains a poorly understood condition in the field of oral medicine. New evidence for the neuropathic basis of this syndrome is emerging. As a result, a subgroup of BMS cases may fall into the category of nigrostriatal dopaminergic disorder. Research in this area is much needed, considering the different causes. In-depth studies for a clear definition of the associations between burning mouth syndrome and systemic diseases, universal diagnostic criteria, and proper patient selection are also essential.

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