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CURRENT APPROACH TO THE DIAGNOSIS AND TREATMENT OF GLOSSALGIA (LITERATURE REVIEW)

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Abstract:

The main aspects of diagnostics and treatment of glossalgia are presented. The high prevalence of the disease is noted. The study has shown the role of the main etiological factors in diagnosis and treatment. A list of examinations to be undergone by all patients with this pathology is given. The results of treatment are analyzed

Keywords: Etiology, Diagnosis, Treatment, Glossalgia

INTRODUCTION:

Glossalgia is a pathological condition characterised by painful sensations that are not accompanied by morphological changes or visible inflammatory reactions. Glossalgia is one of the most common neurostomatological diseases and is accompanied by decreased ability to work, mental depression and psycho-emotional agitation in patients. It is thought that this condition can be caused by somatic diseases, neuropsychiatric disorders, dental disease, the presence of metal prostheses of different materials and acrylic plastics in the mouth, and bite and temporomandibular joint pathologies [8, 11].

The number of patients suffering from glossalgia has increased significantly in the last decade [12, 13]. Glossalgia is characterised by mouth pain without signs of inflammation or specific lesions [1, 2, 9]. Recent advances in related fields of medicine - biochemistry, neurophysiology, neurology and psychiatry - have significantly expanded the understanding of the pathogenesis of neurostomatological diseases [5, 14, 18]. Currently, glossalgia is considered to be a polyethiological disease. The autonomic nervous system plays a major role in the pathogenesis. These disorders are more often of a functional than of an organic nature [3].

According to Grechko (2012), general factors account for the greatest group of causes of glossalgia. Moreover, at the heart of the development of oral burning syndrome (glossalgia), according to the author, are changes in the functioning of a special department of the nervous system - hypothalamus, with dysfunction of which, various pathological impulses from the mouth (with dentures; difficult tooth extraction; presence of sharp tooth edges, poorly made dentures) and internal organs (diseases of the gastrointestinal tract, cardiovascular system, etc. The pain is transmitted to this area and repercussive pain returns to the periphery, namely to the receptor field of the tongue. The clinical manifestations of glossalgia vary, and the disease has a predominantly chronic and relapsing nature [12]. The pathogenetic links of glossalgia are tissue hypoxia and microcirculatory disturbances due to autonomic disturbances and the dysregulation of the central nociceptive structures of the brain [8].

The microcirculation parameter largely determines the oxygen regime of tissues, particularly the tongue, which has a direct relation to the sensitivity of pain receptors [2]. The transcapillary exchange takes place in the microvascular channel, which creates necessary for normal life activity of the organism tissue homeostasis [6]. Although local factors are considered by most patients to be the cause of their pain, oral hygiene treatment usually does not produce the desired effect [15]. General factors are thought to play a major role in the development of glossalgia. Patients have diseases of the nervous system, gastrointestinal pathology, endocrine disorders (diabetes, menopause), vascular disorders (atherosclerosis, hypertension), cervical spine osteochondrosis. Glossalgia is now thought to be a symptom of a general disease, with local stimuli only contributing to its manifestation [17].

It is not always possible to fully examine a patient with tongue pain and paresthesias during an

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outpatient examination. Referral to either an inpatient dental unit or multidisciplinary diagnostic centres and laboratories is suggested. The pathogenetic basis of the disease is tissue hypoxia and microcirculatory disturbances due to an imbalance in autonomic innervation and the dysregulation of the central nociceptive structures of the brain [2]. Studies of neurological status, biochemical, immunological and other indicators in glossalgia are an important link in the diagnosis and planning of further pathogenetic treatment [16]. Patients with glossalgia also have a constitutional predisposition for mental and emotional disorders with low tolerance to pain phenomena and pain behavior, which allows to refer glossalgia to severe neurological diseases, requiring a thorough intervention of a psychotherapist. Such conditions affect the performance and mental state of patients and can cause carcinophobia.

According to I.O. Kamyshnikova [7], treatment of patients with glossalgia should take into account the fact that their dental status shows a high percentage of periodontal disease (20 to 66%), as well as poor quality fillings and prosthetic constructions (8-30%). In this regard, all patients are given professional hygiene and sanitation of the oral cavity, and rational prosthetics are recommended. According to the literature, patients with glossalgia should be recommended a comprehensive treatment with the mandatory inclusion of laser therapy, local immunomodulators, antiseptic rinses, dietary intake, as indicated by general treatment prescribed by specialists of various profiles, which seem to be most effective in the treatment of this group of patients [5].

CONCLUSIONS:

The peculiarities of etiology and pathogenesis of this disease should be taken into account in the complex approach to the treatment of glossalgia. Laser Doppler flowmetry can be used as an informative noninvasive method to study microcirculation in the tongue tissues in patients with glossalgia. It is recommended to perform several studies (2-3) in the area of the tip of the tongue from different sides, before and after treatment measures. This approach should be aimed at normalization of psycho-emotional state, functions of internal organs with obligatory inclusion of drugs improving trophicity of the tongue and creating conditions for normalization of local immunity and state of microcirculatory bed.

LIST OF REFERENCES:

1. Borisova E.G. Modern view on the quality of diagnosis of chronic painful language syndromes // Fundamental Research. - 2014. - №. 7-2. - C. 246-249.
2. Borisova E.G. Clinical and anamnestic analysis of patients with chronic pain syndromes of the tongue. Russian Journal of Pain 2014; 1: 29-30.
3. Autonomic disorders: clinic, diagnosis, treatment / Edited by A.M. Vein. - M.: Medical Information Agency LLC, 2003. - 752 c.
4. Grigorieva V. N. Psychosomatic aspects of neurorehabilitation. Chronic pain. - Nizhniy Novgorod: publishing house of Nizhniy Novgorod State Medical Academy, 2004. - 420 c.
5. M. I. Kamalova, N.K.Khaidarov, Sh.E.Islamov, Pathomorphological Features of hemorrhagic brain strokes, Journal of Biomedicine and Practice 2020, Special issue, pp. 101-105
6. Shomurodov. K.E. Features of cytokine balance in gingival fluid at odontogenicphlegmon of maxillofacial area. // Doctor-aspirant 2010.-42 Vol.-No.5.1.-P.187-192;
7. KE Shomurodov Comparative evaluation the anatomical and functional state of the Journal of research in health science, 2020
8. Khodjieva D.T., Khaydarova D.K. Diagnosis and treatment of posttraumatic epilepsy. Journal of Research in Health Science 1 (2) issue 2018.
9. Khodjieva D.T., Khaydarova D.K. Clinical features of vertical sight disorders in patients with parkinson's disease. Journal of Research in Health Science 1 (2) issue 2018
10. Khaydarova D.K., Mansurova N.A. Analysis of Motor Complications in Parkinson's Disease Phenotypes. Journal of Advances in Medicine and Medical Research. 25(5): 1-7, 2018;
11. Redinova T.L., Redinov I.S., Valkov V.A., Zlobina O.A. Glossalgia or burning syndrome of oral cavity: equivalence or distinction // Dentistry. - 2014. - №4. - C. 15-19.
12. Skuridin P.I., Larentsova L.I. Antidepressants for therapy of oral burning syndrome // Proceedings of XVII and XVIII All-Russian Scientific and Practical Conferences and Proceedings of the 1st All-European Dental Congress. - M., 2007. - C. 20-24.
13. Skuridin P.I., Puzin MN, Golubev MV. Psychopharmacotherapy and psychotherapy in oral burning syndrome // Practical neurology and neurorehabilitation - 2010. - № 2. - C. 10-12.
14. Uspenskaya O.A., Shevchenko E.A. Study of the effect of a number of drugs on the course of local inflammatory processes of the oral cavity and urogenital tract in pregnant women

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with COPD. Fundamental Research 2015; 1-4: 837-839.
15. Stock V.N. Pharmacotherapy in neurology: A practical guide. - Moscow: Medical Information Agency LLC, 2003. - 301 c.
16. Ellaryan L. K., Kazarina L.N., Shevchenko E.A. Complex approach to the treatment of glossalgia taking into account modern data on the features of its etiopathogenesis // Modern technologies in medicine. - 2018. - T. 10. - №.2.
17. Hentschel K. Facial pain // Neurologist. -2005. - Vol. 11 (4). - P. 244-249.
18. Jääskeläinen S.K. Pathophysiology of primary burning syndrome. Clin Neurophysiol 2012; 123(1): 71-77, https://doi. org/10.1016/j.clinph.2011.07.054.