

Efficacy of local Clonazepam in the treatment of Burning Mouth Syndrome. Review of current evidences with a case report

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Abstract

Background

Burning Mouth Syndrome (BMS) is defined as an intraoral burning sensation or dysaesthesia recurring every day for more than two hours/day for more than three months, without identifiable causes ¹. Nowadays there is insufficient evidence to support or refute the use of any drugs in managing BMS and the need to identify effective treatments is mandatory because its disabling nature.

Methods

The aim of the current abstract is to review the latest evidences about the effectiveness of local Clonazepam in BMS management. A significative clinical case treated in our Orofacial Pain Center is further described to support Clonazepam use and its titration over months, and to highlight BMS disabling consequences

Results

BMS has an estimated prevalence of 1:1000 individuals. Postmenopausal women are mostly affected, between 18% up to 33%. Most patients report chronic mild to moderate burning pain affecting the oral mucosa, sometimes with xerostomia and dysgeusia. At present no univocal protocol to treat BMS exists in the literature. In the view of the possibility of systemic absorption and concerns about benzodiazepine addiction, the use of Clonazepam in the management of BMS has not been profoundly investigated. Local administration of Clonazepam emerged superior to placebo in reducing pain both in the short term, that is 14 days, and in follow up at 3 to 6 months with few drowsiness and no signs of addiction ². We describe the case of a 56 years old woman affected by Systemic Erythematous Lupus who developed oral pain in November 2020 after an oral exacerbation of the disease. Despite the stomatitis resolved in few weeks, the burning pain persisted and dysgeusia appeared. In February 2020, when the patient was sent to our center, she referred to had lost 9 kg and that the bodyweight had dropped to 46 kg. Hemoglobin levels measured 7 g/dL. Pain level was rated 8/10 in a VAS. The patient was diagnosed with BMS and was prescribed with 0.5 mg Clonazepam in pills to be taken every 3 hours, sucked for 2 minutes and then spit, every day. After 1 month symptoms improved. In April 2021 pain was rated 0/10 in a VAS and taste completely recovered. Hemoglobin returned to normal levels and bodyweight increased up to 51 kg. The patient was therefore recommended to diminished Clonazepam intake to one pill every 5 hours for the following month and then to stop. In June 2021 the patient was free from pain and dysgeusia without any drugs.

Conclusion

Local administration of Clonazepam appears effective in treating BMS and low-cost in terms of systemic adverse effect. Further well-designed studies should be advocated to improve evidences about its promising clinical use to promptly intervene avoiding severe consequences and adequately follow the patients over time.

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Abstract

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