

ORAL PATHOLOGY

The Diagnosis and Management of Patients with a Dry, Burning or Painful Mouth

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Among the most difficult clinical problems dentists are faced with are those related to patients who complain of a dry, painful, or burning mouth. These problems are especially difficult because they are frequently chronic and have resisted various treatment modalities. Further, they may be complicated by systemic illness, medications, previous dental care, habits, hypersensitivity, and other variables that require individual assessment and modification. Therefore, developing a diagnosis and a satisfactory treatment regimen often requires a painstaking approach to history, physical examination, and diagnostic testing. All of this is daunting for a busy general dentist or even a specialist, but it can be done, and when done properly may result in a most satisfying result for patient and doctor alike.

In this issue of the *Journal*, four outstanding oral and maxillofacial pathologists contribute their expertise in the diagnosis and management of several conditions, which, when taken together, account for the most probable causes of a patient complaint of a dry, painful, and/or burning mouth. Dr. John S. McDonald discusses a rational and methodical approach to diagnosis of a patient with a chief complaint of burning mouth. No group of patients can present a more difficult challenge, so Dr. McDonald's wisdom and experience in this area should

be carefully regarded and retained.

The symptom of a burning mouth can be a common denominator for more specific conditions. Among these are oral lichen planus and oral lichenoid reactions. These diseases may have quite similar clinical characteristics and can sometimes be confused microscopically. Yet, they have separate and distinct etiologies, treatments and prognoses. Dr. John R. Kalmar discusses oral mucosal lichen planus while Dr. John Wright addresses the compound problem of oral lichenoid reactions and hypersensitivity. Lastly, Dr. Cynthia L. Kleinegger rounds out the topic by carefully discussing xerostomia in its varied clinical presentation, complex etiologies, diagnosis, and management.

All told, the depth of knowledge and experience manifested by these excellent clinicians in such a difficult area of clinical practice makes this issue of the *Journal* one which should be carefully read and saved for future reference.