

PERIODONTAL HEALTH IN OKLAHOMA

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Robin's Tip

When they say no, know why. Patient's initial treatment refusal is usually fear of the unknown or a lack of perceived value in what needs to be done. Spend time educating patients about the benefits of your recommended treatment. When you believe there is value in it, they believe it too.

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Burning Mouth Syndrome

Many oral conditions are frustrating to treat for both the patient and dental practitioner. Burning mouth syndrome (BMS) is a painful oral condition often described as scalding sensation in the tongue, lips, palate, or throughout the mouth. BMS is also referred to a "burning tongue or lips syndrome," "scalded mouth syndrome," "glossodynia" and "stomatodynia." Besides the telltale burning sensation, other conditions such as dry or sore mouth, numb or tingling sensation throughout the mouth and tongue or sore mouth and tongue may occur. Taste alteration or a bitter or metallic taste may also be present. While both men and women can have BMS, it is especially common in women during and after menopause.

BMS has been linked to a variety of other conditions (i.e. menopause, diabetes, nutritional deficiencies, tongue thrusting, oral thrush, dry mouth, acid reflux, cancer therapy,

and psychological problems) making the exact cause difficult to diagnose. Only a diagnosis of BMS is used if no other definite cause has been found. Once the condition starts, it may persist for months or years. The symptoms are usually non-existent or mild in the morning and grow progressively worse throughout the day causing difficulty falling asleep at night. This can lead to mood changes, irritability, anxiety and depression.

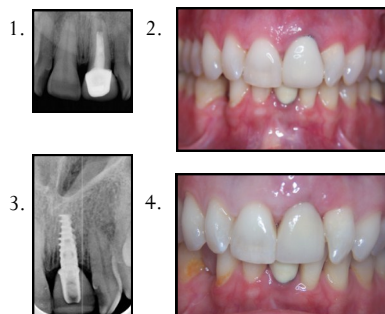
Treating BMS is not a straightforward path. First, other potential causes must be eliminated like dry mouth or thrush. Any potential infections or irritations from poor restorations to broken down teeth should to be eliminated as well. Patient's habits also play a role (i.e. tobacco, gum chewing, mouthwash, and acidic foods like soft drinks, coffee and fruit juices) which should be eliminated for 2 weeks then assess if symptoms have changed. Simple remedies like changing toothpaste may improve the condition. Cinnamon flavored oral products tend to irritate more than other flavors and if dry mouth is a concern then toothpaste for dry mouth should be recommended.

Some medications have the side effects of dry mouth or oral burning sensation. These medications are usually prescribed for high blood pressure and maybe changed if severe symptoms persist. If all potential causes are eliminated and BMS remains the only condition, then medications maybe prescribed to relieve symptoms. Medications may include antidepressants, oral rinses, alpha-lipoic acid (antioxidant), Capsaicin (a pain reliever derived from chili peppers) and/or B vitamins. The dentist and patient's physician work closely to obtain diagnosis and treatment regimen for the patient which may continue for many years.

Percussion Sensitivity with Perio Pocketing

Patient presented for an evaluation of tooth #9. Dental history revealed that the tooth was traumatized during childhood and had root canal therapy twice since then. Patient's symptoms included percussion sensitivity and surrounding tissue appeared irritated. Initial exam shows an isolated 5-6 mm probing depth along the mid-facial. All of these are classic signs of a fractured root.

Tooth #9 was extracted and the fracture was confirmed. A socket preservation graft was used to preserve bone. A temporary partial denture was utilized for esthetic concerns and preserve space for implant placement. After 4 months, the implant was placed along with a temporary crown to begin tissue sculpting and esthetic contouring.



1. Initial xray 2. Before extraction, notice irritated tissue 3. Post op xray 4. Photo with temporary crown



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Dr. Chris Poore ♦ Dr. Robin Henderson ♦ Dr. Mary Hamburg

Our mission is to give the most accurate information available about Dental Health. Unfortunately, there is a lot of misinformation out there and we would like to set the record straight. We are Committed to improving the foundation of a patient's smile.

We would like to answer your questions and perhaps share some of our observations we see on a daily basis through this newsletter and online. It doesn't have to be all business, hopefully we can have some fun too.

Check us out: www.okperioimplant.com
Find us on FACEBOOK and Follow us on TWITTER!

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From the Editor...Oklahoma's New Face in Perio

Have you heard? There's a new Doc in town!

We are pleased to announce the newest member of our team, Dr. Mary Hamburg. Dr. Mary, as we call her, graduated from the University of Oklahoma and continued both her dental and periodontal specialty training at the University of Oklahoma Health Science Center College of Dentistry. She and her husband, Dustin met in high school but didn't date until many years later. They live in the Oklahoma City metro area and are expecting their first child in November.

On a relaxing day, Dr. Mary might be curled up on the couch with her two dogs and two cats crocheting or reading a good book. But she is not the typical bookworm. She remains active with yoga and plays coed softball. During the fall season she might be yelling at the TV while watching her favorite college football team or rooting for her brother "Jack Swagger", a professional wrestler in the WWE. She also enjoys attending plays and musicals with her sister, a recent law school graduate.

Needless to say, competition runs high among the family but spending quality time with them is very important to Dr. Mary. One thing you might not know about Dr. Mary is her love for fun and colorful socks. Never mind the shoes; a brightly designed pair of socks brings a smile to her face every time.

We are thrilled Dr. Mary has joined our team. Please join us in welcoming her to our family!



Welcome Dr. Mary Hamburg

Dates to Remember:

Fall Fling - September 30

Spring Fling - March 30, 2012

Contact

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for more information and get
on our email list.