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Učink lokalne primjene hijaluronske kiseline kod pacijenata sa sindromom pekućih usta

The Effect of Topical Hyaluronic Acid in Patients with Burning Mouth Syndrome

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Dragi uredniče,

U literaturi postoje podatci koji pokazuju djelotvornost 0,2-postotne hijaluronske kiseline (HK) u liječenju određanih oralnih bolesti, poput rekurentnih aftoznih ulceracija i oralnog lihen-planusa zbog njezinih protuupalnih i drugih svojstava (1). Osim toga, HK je hidroskopska makromolekula i njezine su otopine jako osmotske. Kad je riječ o koži i sluznici usne šupljine, to je svojstvo možda odgovorno za kontroliranje hidracije tkiva, posebice u slučaju upale ili odgovora na oštećenje tkiva (2). Sindrom pekućih usta (SPU-a) još je enigma, kako za bolesnika tako i za liječnika, iako je ta tema obrađena u mnogobrojnim člancima. Nažalost, nema učinkovitog liječenja toga sindroma (3). Zbog toga je devetnaestero bolesnika koji pate od sindroma pekućih usta detaljno klinički pregledano i obavljena su hematološka ispitivanja koja su uključivala kompletnu krvnu sliku, željezo i feritin te im je dijagnoza SPU-a određena na temelju kriterija Scale i njegovih suradnika (4). Bolesnicima sa SPU-om propisan je HK u obliku gela (Gengigel®, Ricerfarma, Italija) i morali su ga stavljati na jezik tri puta na dan. Nakon godinu dana telefonski smo intervjuirali bolesnike te smo povratne informacije dobili od njih dvanaestero. Četvero bolesnika imalo je potpunu remisiju SPU-a, nakon jednomjesečnog korištenja HK. Dvoje je izjavilo da im se osjećaj pečenja smanjio, a šestero su rekli da HK uopće nije utjecao na njihove simptome. Možda primjena HK smanjuje neugodu jer barijerno, odnosno protektivno štiti oralnu sluznicu od podražaja iz usne šupljine. S druge strane, kompletna rezolucija SPU-a, odnosno smanjenje intenziteta pečenja može se pripisati placebo-činiku, što bi trebalo istražiti u budućim istraživanjima. Ipak, mi smo bili sretni jer neki bolesnici više nisu imali SPU, bez obzira na to koji se mehanizam nalazio u podlozi.

Dear Editor,

it has been reported that 0.2% hyaluronic acid (HA) might be beneficial in certain oral diseases such as recurrent aphthous ulcers and oral lichen planus due to its anti-inflammatory and other properties (1). Furthermore, HA is a hygroscopic macromolecule and solutions are highly osmotic. In the skin and perhaps on the oral mucosa, this property is likely to be relevant in controlling tissue hydration during periods of change such as the inflammatory process or response to tissue injury (2). Burning mouth syndrome is a still enigmatic condition for the patient and the doctor albeit extensive literature reports could be found. Unfortunately there is no effective treatment for BMS (3).

In 19 patients with burning mouth syndrome a thorough clinical examination was performed as well as hematological investigation which involved complete blood count, iron, feritin and the BMS diagnosis was established according to the Scala et al.(4). HA was prescribed in the form of gel (Gengigel®, Ricerfarma, Italy) to be applied three times a day. After one year the participants were interviewed by the telephone. Out of 19 participants, we could reach only 12. In four patients complete BMS remission was reported after HA has been used for one month. In two patients the burning symptoms were reduced but were still present and in six patients burning symptoms were unaffected by use of HA, i.e. HA was not useful in BMS symptoms. It is possible that immediate application reduces discomfort and this is purely a barrier or protective mechanism from stimuli arising in the oral environment. On the other hand, complete remission of BMS might be solely attributed to the placebo effect which remains to be elucidated in further studies. However, we were satisfied as some patients were free of symptoms no matter what caused BMS remission.

References

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