Burning mouth syndrome: mast cell connection

To the Editor:

We read with interest the article by Lawrence B. Afrin, who proposes a role for mast cells (MCs) in burning mouth syndrome (BMS) pathogenesis.1 This author reported that “BMS has not previously been attributed to mast cell disease (MCD).” We would like to highlight that we were the first to propose a connection between MC activity and BMS.2 In 20 patients with essential BMS, without any other oral or systemic disease, we demonstrated a significantly persistent higher concentration of salivary tryptase, a useful indicator of local MC activity, indicating MC involvement in BMS. We suggested that the activation of MC degranulation could be induced by nerve growth factor, whose role in BMS is well established,3 and that MC could be a further source of this neurotrophin. Finally, tryptase could be involved also in the initiation of neuropathic pain, as previously suggested.4,5 Including mast cell activation syndrome or disorder (MCAD) among the risk factors for BMS is undoubtedly a progress in understanding the pathogenesis of this disease; however, our work showed that MC can play a key role in BMS independently of MCAD.

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Dental specialists need to lead the way to becoming superordinate oral physicians

To the Editor:

In response to the need for greater access to oral and primary health care at lower cost, dentists in general and specialists in particular with the most advanced training among dental professionals need to assume a new superordinate designation as oral physicians to oversee all dental care, whether provided by dentists or nondentists. With hundreds of systemic/genetic disorders manifest in the mouth and surrounding craniofacial area supporting the relationship between oral and systemic disease, dental specialists should be the first of the dental professionals to become oral physicians who will provide specialty care, as well as limited preventive primary care. Moreover, as recently pointed out,1,2 it will not be too long before the public will not be capable of or interested in differentiating dentists from nondentists who are providing oral health care. Without additional training, dentists and certainly selected dental specialists are already de facto oral physicians, being at least as qualified as most paramedical professionals who are legally entitled in most states to add the suffix “physician” to their professional designation, i.e., chiropractic, podiatric, and optometric (in 9 states) physicians. Moreover, the designation of oral physician is a more accurate representation of the actual and potential health care services that dentists/specialists can provide, thereby enhancing the public’s perception of the scope of current training for these expanded health care responsibilities.

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