Table des matières

1. Systematic Reviews and Meta-Analysis 1
1.1. Generic Acupuncture 1
1.1.1. Cabras 2021 1
1.2. Special Acupuncture Techniques 1
1.2.1. Yan 2012 (pharmaco-acupuncture) ☆ 1

Burning Mouth Syndrom

Glossodynie : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Cabras 2021

Cabras M, Gambino A, Broccoletti R, De Paola S, Sciascia S, Arduino PG. Effectiveness of Nonpharmacologic Treatments of Burning Mouth Syndrome: A Systematic Review. J Oral Facial Pain Headache. 2021;35(3):175-198. [223108]. https://doi.org/10.11607/ofph.2868

Aims	To assess the efficacy of nonpharmacologic treatments for burning mouth syndrome (BMS).
Methods	PubMed, Scopus, Web of Science, and the Cochrane Central Register of Controlled Trials were systematically searched. Reference lists from the latest systematic reviews (2015 to 2020) on BMS treatment in the PubMed, Scopus, Web of Science, and Cochrane Library databases were also scrutinized. Randomized controlled trials (RCTs) or clinical controlled trials (CCTs) in English were considered eligible. Trials on photobiomodulation were excluded to avoid redundancy with recent publications. Risk of bias was established through the Cochrane Risk of Bias tool for RCTs and the Risk of Bias in Nonrandomized Studies of Interventions (ROBINS-I) tool for CCTs.
Results	This review included 27 RCTs and 6 open clinical trials (OCTs) describing 14 different nonpharmacologic interventions. Eleven trials experimented with 600 to 800 mg/day of alpha-lipoic acid for 30 to 120 days, with 7 placebo-controlled studies showing significant pain relief. Four trials tested topical and systemic capsaicin for 7 to 30 days, with 2 placebo-controlled studies revealing significant efficacy. **Four of the 5 trials testing acupuncture offered favorable evidence of pain relief**. Two trials reported significant pain relief after a 2- to 3-month regimen with tongue protectors and showed no difference after aloe vera addition. Short-term pain relief was reported in anecdotal placebo-controlled trials deploying tocopherol, catuama, ultramicronized palmitoylethanolamide, group psychotherapy, cognitive therapy, and repetitive transcranial magnetic stimulation of the prefrontal cortex. Most therapies were safe.
Conclusion	Evidence was collected from highly biased, short-term, heterogenous studies mainly focused on BMS-related pain, with scarce data on quality of life, psychologic status, dysgeusia, and xerostomia. Long-term effectiveness of nonpharmacologic treatments should be further investigated, with a more rigorous, bias-proof study design.

1.2. Special Acupuncture Techniques

1.2.1. Yan 2012 (pharmaco-acupuncture) ☆

Yan Z, Ding N, Hua H. A systematic review of acupuncture or acupoint injection for management of

burning mouth syndrome. Quintessence Int. 2012. 43(8):695-701. [166448].

Objective	Burning mouth syndrome (BMS) is a common chronic pain condition that lacks a satisfactory treatment approach. This systematic review was designed to examine the effects of acupuncture or acupoint injection on the management of BMS and to evaluate the evidence supporting the use of acupuncture therapy for BMS in clinical practice.
Method and materials	The following databases were searched for relevant articles: Cochrane Oral Health Group Trials Register (July 2011), Cochrane Central Register of Controlled Trials (issue 7, 2011), MEDLINE (1966 to June 2011), and electronic medical database from the China-National Knowledge Infrastructure (1979 to June 2011). Articles were screened, and the quality of the included trials was assessed independently by two reviewers.
Results	After screening, nine studies with 547 randomized patients were included in this review. All nine articles were published in Chinese and were clinical trial studies with a Jadad score < 3. Their results showed that acupuncture/acupoint injection may benefit patients with BMS. The evidence supported the efficacy of acupuncture/acupoint injection therapy in reducing BMS pain and related symptoms.
Conclusion	In light of the positive outcomes reported, the use of acupuncture therapy for BMS patients warrants further research.

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