## 症例報告

## 支持的精神療法に加え、漢方薬と局所麻酔薬を用いて 管理を行った口腔内灼熱感症候群の1症例

岡安一郎\*1 達 聖月\*1 鮎瀬卓郎\*1 和気裕之\*1,\*2

要旨:口腔内灼熱感症候群とは、Burning mouth syndrome (BMS) の邦訳である。国内では舌痛症という名称が一般的であるが、舌痛症は口腔内灼熱感症候群に含まれる。治療は主に、心身医学的治療と薬物療法が用いられる。支持的精神療法に、漢方薬と局所麻酔薬を併用し、管理を行った BMS 症例を報告する。患者は 40 歳代、女性、口腔内の痛みの他、自律神経症状の訴えがあった。前医では、「非定型歯痛」と診断され、抗うつ薬が処方されていたが、効果は得られていなかった。当科では、「BMS」と診断し、抗うつ薬の代替薬として、漢方薬(加味逍遙散)および局所麻酔薬(表面麻酔薬)を選択し、治療を開始した。その結果、主訴に加え、随伴症状が改善し、良好な疼痛管理が維持できるようになった。漢方薬や局所麻酔薬は、抗うつ薬、抗不安薬、抗痙攣薬等と比べて、患者への負担が少なく、また、歯科医師が主体的に治療を進めていく上でも有用である。

索引用語:口腔内灼熱感症候群、舌痛症、非定型歯痛、漢方薬、局所麻酔薬

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A case report of burning mouth syndrome managed by kampo medicine and local anesthesia

Ichiro OKAYASU\*1, Mizuki TACHI\*1, Takao AYUSE\*1 and Hiroyuki WAKE\*1,2

**Abstract**: Burning mouth syndrome is chronic oral mucosal pain or discomfort that has no identifiable causative lesions and is not caused by any other condition or disease. If the symptoms are confined to the tongue only, it is called glossodynia which is better known than BMS in Japan. Patients are predominantly peri- and postmenopausal women. It has been thought to be a purely psychological in etiology, but recent evidence favors neuropathic mechanisms in both the peripheral and central nervous system. Its treatment is primarily pharmacological, using medications for neuropathic pain. In this case, the dentist who treated the patient previously diagnosed as atypical odontalgia and prescribed selective serotonin reuptake inhibitors (SSRI). But its effect was not found. Based on a through history and elimination of local and systemic factors, we diagnosed BMS, and started to manage using psychotherapy and kampo medicine with local anesthesia instead of SSRI. Kamisyoyosan at a dose of 2.5g 3 times a day with topical lidocaine improved not only pain but also other various symptoms. Kampo medicine and local anesthesia could be useful as alternative medicine and initial treatment for BMS management from the viewpoints of reducing systemic side effects and convenience of use for dentists.

**Key words**: burning mouth syndrome, glossodynia, atypical odontalgia, kampo medicine, local anesthesia

<sup>\*1</sup> Department of Clinical Physiology, Graduate School of Biomedical Sciences, Nagasaki University Offprint requests to: Ichiro OKAYASU, Department of Clinical Physiology, Graduate School of Biomedical Sciences, Nagasaki University.

<sup>1-7-1</sup> Sakamoto, Nagasaki 852-8588, Japan

<sup>\* 2</sup> Midori Pediatric Dental Clinic