

Xerostomia

Xerostomia is defined as the subjective feeling of dry mouth. It is important to note that xerostomia could be due to Hyposalivation or Dysesthesia (changed sensation).

Causes of Hyposalivation can include:

- Developmental (Aplasia of salivary glands)- Very rare
- Acquired
 - Medications related; multiple medications can cause reduced saliva production (e.g. anti-depressants, anti-hypertensives, anti-diabetic, etc)
 - Auto-immune; e.g. Sjogrens syndrome, sarcoidosis
 - Radiotherapy following tumour management
 - Dehydration (hyperparathyroidism and Diabetes)
 - Cholinergic dysfunction- Rare
 - Psychogenic
 - Mouth breathing (dry mouth out at night)

Dysesthesia:

In this situation there is adequate saliva production but patient complains of dry feeling. Usually this would indicate a neuropathic cause.

Clinical features

Dental caries, oral candidosis, halitosis, ascending sialadenitis, difficulty in chewing and swallowing, poor retention of dentures, mouth soreness, unpleasant taste, lipstick sticking to teeth and lack of pooling of saliva on the floor of mouth

Diagnosis

- History and examination (bimanual examination)
- Salivary flow- if not reduces then most likely dysesthesia
- Blood tests- this could exclude any deficiencies, presence of autoimmune disease (Sjögren's syndrome and IgG4-related diseases), sarcoidosis, diabetes, hyperparathyroidism or viral (HIV, Hepatitis C).
- Labial gland biopsy where indicated
- Salivary gland imaging including plain films, sialography, FNA, ultrasound, CT and MRI as indicated



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Management

Hyposalivation

- Dry mouth products
- Regular dental visits (topical fluoride and oral hygiene, diet to protect teeth)
- Pilocarpine
- Regular review of Sjögren's syndrome patients exclude lymphoma formation (as this risk is increased), also review by rheumatologist.

Dysesthesia

- Exclude other underlying disease such as lichen planus
- Topical capsaicin
- Neuropathic medications such as Nortriptyline, Gabapentin
- Review



Images showing Hyposalivation