



GLOSSONIA: CAUSES, SYMPTOMS, TREATMENT

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Abstract

Glossinia is a pathology that is attributed to neurostomatological diseases, for which the appearance of unpleasant sensations in the tongue zone is typical. It has been proven that this disease is polyetiological in nature with many causes that cause its formation.

This disease is most often diagnosed in women over thirty. Women account for about three-quarters of all patients with this disease. This phenomenon is explained by the fact that they have features of the structure of the nervous system. Women are also characterized by the greatest sensitivity to irritants.

What is this pathology?

A chronic disease of a neurogenic nature is called tongue glossody. He is characterized by the development of the vissero-reflector stem syndrome. Glossodynias code according to MKB 10-K 14.6. Patients with this disease exhibit a dehiscence of the tongue, paresthesia of the oral mucosa and the posterior wall of the pharynx in the form of a burning sensation, stinging. The skin of the face becomes numb, and the secretion of the salivary glands changes.

Patients experience discomfort, which does not translate into intense pain. They may have more saliva. The perception of food's taste changes. These unpleasant sensations arise spontaneously, their appearance is not associated with anything.

1. Causes of glossomia
2. The factors that cause this pathology have not been fully studied.
3. Experts have established that there is a close pathogenetic connection between the disease and the presence of neurological and general somatic pathology in the patient.

Glossodynias are often accompanied by the following chronic diseases:

Digestive tract disorders. Gastritis, colitis, and cholecystitis often cause symptoms characteristic of glossodynia. The disorder occurs during the exacerbation of gastrointestinal pathology. It does not exist during remission. Glossodynias are present in pancreatitis and peptic ulcer disease.

Endocrine disorders. An unstable hormonal background triggers a paresthetic phenomenon. Unpleasant sensations in the oral cavity are recorded in patients suffering from diabetes mellitus and thyroid diseases.



Cardiovascular pathology. Atherosclerosis, hypertension, and myocardial ischemia are the causes of myoidosody. When the brain vessels are damaged, there are also pronounced paresthesia in the area of the face.

Nervous system dysfunction. This group includes vegetative vascular dystonia and other dysfunctional disorders.

Pathological symptoms are triggered by local or general provoking factors in the presence of chronic diseases. The following are the starting mechanisms:

- irrational dental prosthetics with the formation of supra-contacts;
- jaw joint dysfunction;
- mechanical, chemical or thermal irritants of the mucous membrane;
- stress.

Glossodynias often arise from psychogenic disorders. Patients suffering from anxiety and depression are prone to it.

Glossodynias symptoms

A characteristic symptom of glossodynia is the presence of unpleasant sensations in the oral cavity. The patient feels itching, itching, "mills creeping" or he feels his hair sticking to the mucous membrane. Symptoms are localized at the tip of the tongue, they can cover the entire surface of the organ, less often they spread to the root zone. Paresthesia often occurs only in a specific area. Based on this, several forms of the disease are distinguished:

- lingual-mandibular - discomfort is localized on the mucous membrane of the tongue and extends to the lower jaw;
- maxillary - numbness is limited to the area of the upper jaw;
- glossopharyngeal - paresthesia is spread from the root of the tongue to the area of the pharynx and larynx;
- Front parietal - numbness appears in the area of the forehead, then it gradually transitions to the parietal region;
- mandibular-maxillary - paresthesia passes to the lips, the area of alveolar processes and the sky;
- occipital - a burning sensation spreads to the occipital region.

Over time, any paresthesia site becomes a "oil spot." The pathological process progresses to other areas of the oral mucosa, the pharynx, and the skin of the face.

At the beginning of the illness, the discomfort lasts only a few minutes. As the process progresses, paresthesia becomes permanent. These episodes often appear in the evening. Sometimes they last all night.

There are no symptoms in the process of eating. In addition to the bite, there is a swelling of the tongue and a feeling of pressure in the throat. The articulation and swallowing may be impaired. Seizures are accompanied by decreased work capacity, depression of the psyche and psychoemotional excitability.



Glossodynia diagnosis.

The diagnosis of "glossodynia" is made on the basis of a detailed study of the patient's complaints about discomfort in the mouth and the analysis of the course of the disease. When the tongue and mouth are examined, the doctor finds no changes.

The patient exhibits a decrease or an increase in saliva. Glossodynias are diagnosed by the exclusion method. Differentiation is carried out with the following pathologies with similar symptoms:

- language injury;
- pathological bite;
- neuritis;
- cervical osteochondrosis;
- neuralgia.

The main difference between glossodynias and other types of lesions is that the intensity of unpleasant sensations does not correspond to changes in the oral mucosa and other structures.

Treatment of glossomia.

Therapy tactics include measures that eliminate traumatic mucosal factors, as well as medications.

Glossodynia treatment includes local and general therapeutic methods. Local therapeutic measures include:

- complete oral sanitation;
- individual dental hygiene with special tools;
- removal of dental stone, polishing of the edges of fillings, replacement of dentures;
- nerve blockade (pain-killer drugs are used for glossinia);
- applying analgesic gels;
- lubricating the shield with naphtha oil.

In case of glossomia, an additional recommendation is that the patient should follow a moderate diet.

It is important to treat the main disease. A patient should not suffer an unpleasant sensation. It is necessary to consult a doctor promptly, as there may be serious pathologies.

References

1. Asrorovna, X. N., Baxriddinovich, T. A., Bustanovna, I. N., Valijon O'g'li, D. S., & Qizi, T. K. F. (2021). Clinical Application Of Dental Photography By A Dentist. *The American Journal of Medical Sciences and Pharmaceutical Research*, 3(09), 10-13.
2. Ugli, A. A. A., & Bustanovna, I. N. (2024). STUDY OF THE CONDITION OF PARODONT IN PERIODONTITIS IN FETAL WOMEN. *European International Journal of Multidisciplinary Research and Management Studies*, 4(05), 149-156.
3. Kizi, J. O. A., & Bustanovna, I. N. (2024). FAMILIARIZATION WITH THE HYGIENIC ASSESSMENT OF THE CONDITION OF THE ORAL MUCOSA IN ORTHOPEDIC TREATMENT. *European International Journal of Multidisciplinary Research and Management Studies*, 4(05), 89-96.



Academica Globe: InderScience Research

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4. Bustanovna, I. N. (2024). Determination of the Effectiveness of Dental Measures for the Prevention of Periodontal Dental Diseases in Workers of the Production of Metal Structures. International Journal of Scientific Trends, 3(5), 108-114.
5. Bustanovna, I. N. (2022). Assessment of clinical and morphological changes in the oral organs and tissues in post-menopause women. Thematics Journal of Education, 7(3).
6. Bustanovna, I. N., & Berdiqulovich, N. A. (2022). ПРОФИЛАКТИКА И ЛЕЧЕНИЯ КАРИЕСА У ПОСТОЯННЫХ ЗУБОВ. JOURNAL OF BIOMEDICINE AND PRACTICE, 7(1).
7. Bustanovna, I. N. (2024). PATHOGENESIS OF PERIODONTAL DISEASE IN ELDERLY WOMEN. Лучшие интеллектуальные исследования, 21(3), 25-29.
8. Bustanovna, I. N. (2024). TO STUDY THE HYGIENIC ASSESSMENT OF THE CONDITION OF THE ORAL MUCOSA DURING ORTHOPEDIC TREATMENT. Лучшие интеллектуальные исследования, 21(1), 9-15.
9. Bustanovna, I. N. (2024). CLINICAL AND LABORATORY CHANGES IN PERIODONTITIS. Journal of new century innovations, 51(2), 58-65.
10. Bustanovna, I. N. (2024). Morphological Changes in Oral Organs and Tissues in Women after Menopause and their Analysis. International Journal of Scientific Trends, 3(3), 87-93.
11. Bustanovna, I. N. (2024). Hygienic Assessment of The Condition of The Oral Mucosa After Orthopedic Treatment. International Journal of Scientific Trends, 3(3), 56-61.
12. Bustanovna, P. I. N. (2024). Further Research the Features of the Use of Metal-Ceramic Structures in Anomalies of Development and Position of Teeth. International Journal of Scientific Trends, 3(3), 67-71.
13. Bustanovna, I. N. (2024). The Effectiveness of the Use of the Drug "Proroot MTA" in the Therapeutic and Surgical Treatment of Periodontitis. International Journal of Scientific Trends, 3(3), 72-75.
14. Bustanovna, P. I. N. (2024). Research of the Structure of Somatic Pathology in Patients with Aphthous Stomatitis. International Journal of Scientific Trends, 3(3), 51-55.
15. Bustanovna, I. N., & Abdusattor o'g, A. A. A. (2024). Analysis of Errors and Complications in the Use of Endocal Structures Used in Dentistry. International Journal of Scientific Trends, 3(3), 82-86.
16. Bustanovna, I. N. (2024). Complications Arising in the Oral Cavity after Polychemotherapy in Patients with Hemablastoses. International Journal of Scientific Trends, 3(3), 62-66.
17. Bustanovna, I. N., & Sharipovna, N. N. (2023). Research cases in women after menopause clinical and morphological changes in oral organs and their analysis. Journal of biomedicine and practice, 8(3).
18. Bustonovna, I. N., & Sharipovna, N. N. (2023). Essential Factors Of Etiopathogenesis In The Development Of Parodontal Diseases In Post-Menopasis Women. Eurasian Medical Research Periodical, 20, 64-69.



Academicia Globe: Inderscience Research

ISSN: 2776-1010 Volume 5, Issue 12, December 2024

19. Fakhriddin, C. H. A. K. K. A. N. O. V., Shokhruh, S. A. M. A. D. O. V., & Nilufar, I. S. L. A. M. O. V. A. (2022). ENDOKANAL PIN-KONSTRUKSIYALARINI ISHLATISHDA ASORATLAR VA XATOLAR TAHLILI. JOURNAL OF BIOMEDICINE AND PRACTICE, 7(1).
20. Очилов, Х. У., & Исламова, Н. Б. (2024). Особенности артикуляции и окклюзии зубных рядов у пациентов с генерализованной формой повышенного стирания. SAMARALI TA'LIM VA BARQAROR INNOVATSIYALAR JURNALI, 2(4), 422-430.
21. Ortikova, N., & Rizaev, J. (2021, May). The Prevalence And Reasons Of Stomatophobia In Children. In E-Conference Globe (pp. 339-341).
22. Ortikova, N. (2023). ANALYSISOF ANESTHESIA METHODS FOR DENTAL FEAR AND ANXIETY. Центральноазиатский журнал академических исследований, 1(1), 8-12.
23. Ortikova, N. K. (2023). DENTAL ANXIETY AS A SPECIAL PLACE IN SCIENTIFIC KNOWLEDGE. SCHOLAR, 1(29), 104-112.
24. Исламова, Н. Б. (2024). ПАРОДОНТ КАСАЛЛИКЛАРИДА ОРГАНИЗМДАГИ УМУМИЙ ЎЗГАРИШЛАРНИ ТАҲЛИЛИ ВА ДАВОЛАШ САМАРАДОРЛИГИНИ ТАКОМИЛЛАШТИРИШ. ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ, 43(7), 18-22.
25. Islamova, N. B., & Chakkonov, F. K. (2021). Changes in the tissues and organs of the mouth in endocrine diseases. Current Issues in Dentistry, 320-326.
26. Исламова, Н. Б., & Исломов, Л. Б. (2021). Особенности развития и течения заболеваний полости рта при эндокринной патологии. ББК, 56, 76.
27. Исламова, Н. Б., & Назарова, Н. Ш. (2023). СУРУНКАЛИ ТАРҚАЛГАН ПАРОДОНТИТ БИЛАН КАСАЛЛАНГАН ПОСТМЕНОПАУЗА ДАВРИДАГИ АЁЛЛАРНИНГ ПАРОДОНТ ТЎҚИМАСИННИНГ ДАВОЛАШ САМАРАДОРЛИГИ ОШИРИШ. ЖУРНАЛ СТОМАТОЛОГИИ И КРАНИОФАЦИАЛЬНЫХ ИССЛЕДОВАНИЙ, 4(2).
28. Исламова, Н. Б. (2024). ПАРОДОНТИТ КАСАЛЛИГИДА ОРГАНИЗМДАГИ УМУМИЙ ВА МАҲАЛЛИЙ ЎЗГАРГАН КЎРСАТКИЧЛАРНИНГ ТАҲЛИЛИ. Журнал гуманитарных и естественных наук, (8), 23-27.
29. Islamova, N. B., & Sh, N. N. (2023, May). STUDY OF CHANGES IN PERIODONTAL DISEASES IN POSTMENOPAUSAL WOMEN. In Conferences (pp. 15-17).
30. Исламова, Н. Б., & Назарова, Н. Ш. (2023, May). Совершенствование диагностики и лечения хронического генерализованного пародонтита у женщин в период постменопаузы. In Conferences (pp. 13-15).
31. Islamova, N. B., & Nazarova, N. S. (2023). IMPROVING THE DIAGNOSIS AND TREATMENT OF CHRONIC GENERALIZED PERIODONTITIS IN POSTMENOPAUSAL WOMEN. Conferences.
32. Исламова, Н. Б. (2023). Гемодинамика тканей пародонта зубов по данным реопародонтографии.



33. Исламова, Н. Б., & Назарова, Н. Ш. (2023). МЕТОДЫ ИССЛЕДОВАНИЯ ЗАБОЛЕВАНИЙ ПАРОДОНТА У ЖЕНЩИН, НАХОДЯЩИХСЯ В ПЕРИОДЕ ПОСТМЕНОПАУЗЫ. In АКТУАЛЬНЫЕ ВОПРОСЫ СТОМАТОЛОГИИ (pp. 334-338).
34. Исламова, Н. Б. (2024). Complications Arising in the Oral Cavity after Polychemotherapy in Patients with Hemablastosis. International Journal of Scientific Trends, 3(3), 76-81.
35. Islamova, N. B. (2022). CHANGES IN PERIODONTAL TISSUES IN THE POSTMENOPAUSAL PERIOD. In Стоматология-наука и практика, перспективы развития (pp. 240-241).
36. Назарова, Н., & Исломова, Н. (2022). Этиопатогенетические факторы развития заболеваний пародонта у женщин в периоде постменопаузы. Профилактическая медицина и здоровье, 1(1), 55-63.
37. Иргашев, Ш. Х., & Исламова, Н. Б. (2021). Применение и эффективность энтеросгеля при лечении генерализованного пародонтита. In Актуальные вопросы стоматологии (pp. 305-310).
38. Иргашев, Ш., Норбулаев, А., & Исламова, Н. (2020). Эффективность энтеросгеля при лечении генерализованного пародонтита у ликвидаторов последствий аварии на чернобыльской АЭС. Общество и инновации, 1(1/S), 656-663.
39. Исламова, Н. Б. (2016). Сравнительная оценка противовоспалительных цитокинов крови в развитии заболеваний полости рта при гипотиреозе. Наука в современном мире: теория и практика, (1), 41-44.
40. Исламова, Н. Б., Шамсиев, Р. А., Шомуродова, Х. Р., & Ахмедова, Ф. А. (2014). Состояние кристаллообразующей функции слюны при различных патологиях. In Молодежь и медицинская наука в XXI веке (pp. 470-471).
41. Исламова, Н., & Чакконов, Ф. (2020). Роль продуктов перекисного окисления липидов и противовоспалительных цитокинов крови в развитии заболеваний полости рта при гипотиреозе. Общество и инновации, 1(1/s), 577-582.
42. Исламова, Н., Хаджиметов, А., & Шакиров, Ш. (2015). Роль продуктов перекисного окисления липидов и противовоспалительных цитокинов крови в развитии заболеваний полости рта при гипотиреозе. Журнал проблемы биологии и медицины, (1 (82)), 41-44.
43. Исламова, Н. Б., & Чакконов, Ф. Х. (2021). Изменения в тканях и органах рта при эндокринных заболеваниях. In Актуальные вопросы стоматологии (pp. 320-326).
44. Nazarova, N. S., & Islomova, N. B. (2022). postmenopauza davridagi ayollarda stomatologik kasalliklarining klinik va mikrobilogik ko ‘rsatmalari va mexanizmlari. Журнал "Медицина и инновации", (2), 204-211.
45. Nazarova, N. S., & Islomova, N. B. (2022). postmenopauza davridagi ayollarda stomatologik kasalliklarining klinik va mikrobilogik ko ‘rsatmalari va mexanizmlari. Журнал "Медицина и инновации", (2), 204-211.
46. Sulaymonova, Z. Z., & Islamova, N. B. (2023, May). TAKING IMPRESSIONS IN THE ORAL CAVITY AND THEIR REDUCTION. In Conferences (pp. 21-23).



Academica Globe: InderScience Research

ISSN: 2776-1010 Volume 5, Issue 12, December 2024

47. Sharipovna, N. N., & Bustonovna, I. N. (2022). Etiopathogenetic factors in the development of parodontal diseases in post-menopasis women. *The american journal of medical sciences and pharmaceutical research*, 4(09).
48. Содикова, И. А., & Исламова, Н. Б. (2021). Оптимизация лечебно-профилактических мероприятий при заболеваний пародонта беременных женщин с железодефицитной анемией. In *Актуальные вопросы стоматологии* (pp. 434-440).
49. Sharipovna, N. N., & Bustanovna, I. N. (2022). Assessment of clinical and morphological changes in the oral organs and tissues in post-menopause women. *Frontline medical sciences and pharmaceutical journal*, 2(05), 60-67.