

Emergency Hospital in 2011. And the third objective is to study the diagnosis and treatment methods of furuncles and carbuncles in the oro-maxillo-facial region.

Materials and methods of study used in this purpose: To achieve these objectives, a complex treatment was made of 45 patients with furuncles in the Oro-Maxilo-Facial region and of another 2 patients with carbuncles in the same OMF region in the National Center for Maxillofacial Surgery and Public Health of the Chisinau Emergency Hospital, from September 2011 till December 2011. 24 patients were males, and 23 females, so that the ratio of males and females was 51.06% and 48.93% respectively. The average age of patients without any diseases was 18-23 years.

A furuncle in the infiltrative phase was registered in 4 patients (8.51%), furuncle (carbuncle), and in necrosis and suppuration phase, was registered in 43 patients (91.49%).

Results: The complex treatment, including also the therapy of immunomodulation (sol. Imunofani), independent of the purulent infection allows to increase the rate of favorable evolution even in patients with severe clinical forms.

Use of the produced algorithm for the choice of methods diagnosis and treatment in patients with furuncles and carbuncles of the face and neck has allowed to optimize the process of diagnosing and complex treatment of these patients.

Key words: furuncles, carbuncles, complex treatment, immune disorders, therapy of immunomodulation.

NEW TREATMENT TACTICS BASED ON RECENT FINDINGS IN THE ETHIOPATHOGENESIS OF BURNING MOUTH SYNDROME. A CLINICAL CASE REPORT

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Introduction: Regardless of all the effort made in studying the Burning Mouth Syndrome, described as a chronic oro-facial pain condition, it still remains an enigma. It was regarded as a psychogenic, endocrine or neurologic disease. But the discoveries of the latest years made possible a significant progress in understanding the nature of this relatively common pathology. In this study we tried to use these recent findings in the treatment of a patient with BMS.

Methods: The patient presenting classical BMS symptoms (burning at the tip of tongue, xerostomia and dysgeusia), was investigated for excluding other conditions causing secondary BMS. After confirming the diagnosis of idiopathic BMS, the patient was questioned using the specially adapted for neuropathic pain McGill Short Form Pain Questionnaire (SF-MPQ-2) and a Visual Analogue Scale (VAS). After obtaining specific results, the patient underwent few treatment courses with alpha lipoic acid, gabapentin, clonazepam, SSRI antidepressants, separately or in combinations. After this, the investigations using SF-MPQ-2 and VAS were repeated.

Results: The results for SF-MPQ-2 and VAS varied depending on the treatment applied, but none of the used drugs led to a significant improvement.

Conclusion: In spite of the numerous studies which advocate the use of one of the mentioned drugs as an ultimate treatment with good results, our study found no confirmation for that. Nevertheless, this study is surely not enough for a final judgement. Thus, a perspective of a more complex study involving more patients, possible a blinded trial, remains.

Keywords: Burning mouth syndrome; glossodynia; glossopyrosis; glossalgia; stomalgia; stomatodynia; alpha lipoic acid; gabapentin, clonazepam.