

Bölüm 16

AĞIZ BÖLGESİ VE ÇEVRESİNDE AĞRIYA NEDEN OLAN NÖROLOJİK HASTALIKLAR

Nesrin SARUHAN¹

GİRİŞ

Tüm insanların yaşadığı evrensel bir deneyim olan ağrı, Uluslararası Ağrı Araştırmaları Birliği'ne (International Association for the Study of Pain (IASP)) göre "vücudun belli bir bölgesinden kaynaklanan doku harabiyetine bağlı olan veya olmayan, kişinin geçmişteki deneyimleriyle de ilgili, hoş olmayan emosyonel bir durumdur" (1).

Ağız bölgesi ve çevresindeki ağrı; baş, yüz ve boynun sert ve yumuşak dokularıyla ilişkili ağrıyı ifade etmektedir. Bu bölgedeki ağrılar dental kaynaklı olabileceği gibi vasküler veya nörolojik hastalıklardan da kaynaklanabilmektedir (2).

Nörolojik hastalıklardan kaynaklanan ağız bölgesi ve çevresindeki ağrılar; genellikle sinir sistemindeki bir lezyon tarafından başlatılan ve ağrının bir sinir boyunca dağılımının görüldüğü nöropatik ağrı şeklinde görülmektedir (3).

Nöropatik ağrı, bir primer lezyon veya sinir sisteminin hastalığı ile başlayabilir. Nöropatik ağrı, lokal travma veya diyabet gibi sistemik bozukluklar tarafından tetiklenebilir; ve bu ağrı sinir boyunca merkezi sinir sisteminden periferik yapılara kadar olan yapıları etkileyebilir (4).

Nöropatik ağrının oluşması spontan (uyarıcı bağımsız) veya dokunma uyarımlı (uyarıcıya bağlı) olabilir ve sürekli bir ağrı arka planda üst üste binebilir. Tipik olarak nöropatiler, pozitif (hiperestezi), negatif (uyuşukluk) veya bunların kombinasyonu (dizestezi) olan belirtiler içerir (5). Bazı duyuşal belirtiler ve semptomlar, özellikle termal veya mekanik allodini, sıklıkla nöropatik ağrı ile ilişkilidir. Duyuşal değişikliklerin değerlendirilmesi en iyi şekilde, genellikle karmaşık donanımlar kullanılarak kantitatif duyuşal testler (KDT) ile yapılır (6). KDT, invaziv

¹ Dr. Öğr. Üyesi Nesrin SARUHAN, Eskişehir Osmangazi Üniversitesi, Diş Hekimliği Fakültesi, Ağız, Diş, Çene Cerrahisi, dt_nesrin@yahoo.com

le de diş hekimliği tedavilerinin planlanmasında dikkat edilmesi gereken MS hastalarında da görülen dişeti iltihabı, kandidiyazis, glossit, ülser, herpes simpleks, angular şellit ve kserostominin ayırt edilmesidir (60,61). MS'de orofasiyal bulguların görülme sıklığı %88.6'dır. MS'li hastalarda farklı bulgular arasında orofasiyal ağrı, görsel komplikasyonlar, çiğneme ve yeme bozuklukları ve TME bozuklukları sık görülmektedir (50) ve diş hekimleri ve oral-maksillofasiyal cerrahlar tarafından bu durum dikkate alınmalıdır.

SONUÇ

Ağız bölgesi ve çevresinde ağrının değerlendirilmesinde; bu bölgede ağrıya neden olabilecek GFN, PHN, NİN, YAS, Parkinson ve MS gibi nörolojik hastalıkların mutlaka göz önünde bulundurulması gerekmektedir.

Anahtar Kelimeler: Nörolojik hastalık, ağız bölgesi, ağrı

KAYNAKLAR

1. International Association for the Study of Pain 2014. <https://www.iasp-pain.org/>
2. de Leeuw R, Klasser GD, Albuquerque RJ. Are female patients with orofacial pain medically compromised? The Journal of the American Dental Association, 2005, 136.4: 459-468.
3. Lipton J, Ship J, Larach-Robinson. Estimated prevalence and distribution of reported orofacial pain in the United States. The Journal of the American Dental Association, 1993, 124.10: 115-121.
4. Benoliel R, Eliav E. Neuropathic orofacial pain. Oral and Maxillofacial Surgery Clinics of North America, 2008, 20.2: 237-254. 2008;20(2):237-54.
5. Benoliel R, Zadik Y, Eliav E. et al. Peripheral painful traumatic trigeminal neuropathy: clinical features in 91 cases and proposal of novel diagnostic criteria. Journal of orofacial pain, 2012, 26.1.
6. Baad-Hansen L, Pigg M, Ivanovic SE. et al. Intraoral somatosensory abnormalities in patients with atypical odontalgia—a controlled multicenter quantitative sensory testing study. PAIN®, 2013, 154.8: 1287-1294.
7. Baad-Hansen L, Pigg M, Elmasry Ivanovic S. et al. Chairside intraoral qualitative somatosensory testing: reliability and comparison between patients with atypical odontalgia and healthy controls. Journal of orofacial pain, 2013, 27.2.
8. Dworkin RH, Backonja M, Rowbotham MC. et al. Advances in neuropathic pain: diagnosis, mechanisms, and treatment recommendations. Archives of neurology, 2003, 60.11: 1524-1534.
9. Devor M, Amir R, Rappaport ZH. Pathophysiology of trigeminal neuralgia: the ignition hypothesis. The Clinical journal of pain, 2002, 18.1: 4-13.
10. Zakrzewska JM. Facial pain. Evidence-Based Chronic Pain Management, 2010, 50: 134.
11. Katusic S, Williams DB, Beard CM. et al. Incidence and clinical features of glossopharyngeal neuralgia, Rochester, Minnesota, 1945–1984. Neuroepidemiology, 1991, 10.5-6: 266-275.
12. Patel A, Kassam A, Horowitz M. et al. Microvascular decompression in the management of glossopharyngeal neuralgia: analysis of 217 cases. Neurosurgery, 2002, 50.4: 705-711.
13. Rozen TD. Trigeminal neuralgia and glossopharyngeal neuralgia. Neurologic clinics, 2004, 22.1: 185-206.
14. Rushton JG, Stevens JC, Miller RH. Glossopharyngeal (vagoglossopharyngeal) neuralgia a study of 217 cases. Archives of neurology, 1981, 38.4: 201-205.
15. Kondo A. Follow-up results of using microvascular decompression for treatment of glossopharyngeal neuralgia. Journal of Neurological Surgery, 2005, 66.1: 10-14.

- ryngeal neuralgia. *Journal of neurosurgery*, 1998, 88.2: 221-225.
16. Wree A, Schmitt O, Usunoff K. Neuroanatomy of Pain and Neuropathology of Herpes Zoster and Postherpetic Neuralgia. *Monographs in Virology*, 2006, 26.R: 58.
 17. Cohen JI. Herpes zoster. *New England Journal of Medicine*, 2013, 369.3: 255-263.2013;369(3):255-63.
 18. Jung BF, Johnson RW, Griffin DR. et al. Risk factors for postherpetic neuralgia in patients with herpes zoster. *Neurology*, 2004, 62.9: 1545-1551.
 19. Grushka M. Clinical features of burning mouth syndrome. *Oral surgery, oral medicine, oral pathology*, 1987, 63.1: 30-36.
 20. Tammiala-Salonen T, Hiidenkari T, Parvinen T. Burning mouth in a Finnish adult population. *Community dentistry and oral epidemiology*, 1993, 21.2: 67-71.
 21. Bergdahl M, Bergdahl J. Medicine. Burning mouth syndrome: prevalence and associated factors. *Journal of Oral Pathology & Medicine*, 1999, 28.8: 350-354.
 22. Scala A, Checchi L, Montecvecchi M. et al. Update on burning mouth syndrome: overview and patient management. *Critical Reviews in Oral Biology & Medicine*, 2003, 14.4: 275-291.
 23. Van der Ploeg H, Van der Wal N, Eijkman M. et al. Psychological aspects of patients with burning mouth syndrome. *Oral surgery, oral medicine, oral pathology*, 1987, 63.6: 664-668.
 24. Boucher Y, Simons CT, Carstens MI. et al. Effects of gustatory nerve transection and/or ovariectomy on oral capsaicin avoidance in rats. *PAİN®*, 2014, 155.4: 814-820.
 25. Sinding C, Gransj en AM, Schlumberger G. et al. Grey matter changes of the pain matrix in patients with burning mouth syndrome. *European Journal of Neuroscience*, 2016, 43.8: 997-1005.
 26. Sardella A, Lodi G, Demarosi F. et al. Burning mouth syndrome: a retrospective study investigating spontaneous remission and response to treatments. *Oral diseases*, 2006, 12.2: 152-155.
 27. Suarez P, Clark GT. Burning mouth syndrome: an update on diagnosis and treatment methods. *CDA J*, 2006, 34: 611-622.
 28. Cui Y, Xu H, Chen F. et al. Efficacy evaluation of clonazepam for symptom remission in burning mouth syndrome: a meta-analysis. *Oral diseases*, 2016, 22.6: 503-511.
 29. Lobbezoo F, Naeije M. Dental implications of some common movement disorders: a concise review. *Archives of Oral Biology*. 2007;52(4):395-8.
 30. Grover S, Rhodus N. Dental management of Parkinson's disease. *Northwest dentistry*. 2011;90(6):13.
 31. Rajput A, Birdi S. Epidemiology of Parkinson's disease. *Parkinsonism & related disorders*. 1997;3(4):175-86.
 32. Torun Ő, Uysal M, G uc yener D. et al. Parkinson's disease in EskiŐehir, Turkey. *Eur J Neurol*. 1995;2(suppl 1):44-5.
 33. Awano S, Ansai T, Takata Y, et al. Oral health and mortality risk from pneumonia in the elderly. *Journal of dental research*. 2008;87(4):334-9.
 34. Chou KL, Evatt M, Hinson V. et al. Sialorrhea in Parkinson's disease: a review. *Movement Disorders*. 2007;22(16):2306-13.
 35.  akmur R,  olakođlu BD, Yılmaz R. et al. Parkinson hastalığının tedavisinde kanıta dayalı yaklaşım. *Turkiye Klinikleri Neurology-Special Topics*. 2008;1(4):51-9.
 36. Cakmur R. Parkinson hastalığı ve medikal tedavisi. *Klinik GeliŐim*. 2010;23(1):53-61.
 37. Martin R, McFarland HF, Boggs J. Immunological aspects of experimental allergic encephalomyelitis and multiple sclerosis. *Critical reviews in clinical laboratory sciences*. 1995;32(2):121-82.
 38. Sospedra M, Martin R. Immunology of multiple sclerosis. *Annu Rev Immunol*. 2005;23:683-747.
 39. Krupp LB, LaRocca NG, Muir-Nash J. et al. The fatigue severity scale: application to patients with multiple sclerosis and systemic lupus erythematosus. *Archives of neurology*. 1989;46(10):1121-3.
 40. Fisk JD, Pontefract A, Ritvo PG. et al. The impact of fatigue on patients with multiple sclerosis. *Canadian Journal of Neurological Sciences*. 1994;21(1):9-14.
 41. Craelius W. Comparative epidemiology of multiple sclerosis and dental caries. *Journal of Epidemiology & Community Health*. 1978;32(3):155-65.
 42. McDonald WI, Compston A, Edan G. et al. Recommended diagnostic criteria for multiple

- sclerosis: guidelines from the International Panel on the diagnosis of multiple sclerosis. *Annals of Neurology: Official Journal of the American Neurological Association and the Child Neurology Society*. 2001;50(1):121-7.
43. Polman CH, Reingold SC, Edan G. et al. Diagnostic criteria for multiple sclerosis: 2005 revisions to the “McDonald Criteria”. *Annals of Neurology: Official Journal of the American Neurological Association and the Child Neurology Society*. 2005;58(6):840-6.
 44. Polman CH, Reingold SC, Banwell B. et al. Diagnostic criteria for multiple sclerosis: 2010 revisions to the McDonald criteria. *Annals of neurology*. 2011;69(2):292-302.
 45. Kovač Z, Uhač I, Buković D. et al. Oral health status and temporomandibular disorders in multiple sclerosis patients. *Collegium antropologicum*. 2005;29(2):441-4.
 46. No C. Oral and maxillofacial manifestations of multiple sclerosis. *J Can Dent Assoc*. 2000;66:600-5.
 47. Sisto D, Trojano M, Vetrugno M. et al. Subclinical visual involvement in multiple sclerosis: a study by MRI, VEPs, frequency-doubling perimetry, standard perimetry, and contrast sensitivity. *Investigative Ophthalmology & Visual Science*. 2005;46(4):1264-8.
 48. Thomas FJ, Wiles C. Dysphagia and nutritional status in multiple sclerosis. *Journal of Neurology*. 1999;246(8):677-82.
 49. Badel T, Carek A, Podoreški D. et al. Temporomandibular joint disorder in a patient with multiple sclerosis—review of literature with a clinical report. *Collegium antropologicum*. 2010;34(3):1155-9.
 50. Danesh-Sani SA, Rahimdoost A, Soltani M. et al. Clinical assessment of orofacial manifestations in 500 patients with multiple sclerosis. *Journal of Oral and Maxillofacial Surgery*. 2013;71(2):290-4.
 51. Österberg A, Boivie J, Thuomas KÅ. Central pain in multiple sclerosis—prevalence and clinical characteristics. *European Journal of Pain*. 2005;9(5):531-.
 52. Williams DE, Lynch JE, Doshi V. et al. Bruxism and temporal bone hypermobility in patients with multiple sclerosis. *Cranio*. 2011;29(3):178-86.
 53. D’Amico D, La Mantia L, Rigamonti A. et al. Prevalence of primary headaches in people with multiple sclerosis. *Cephalalgia*. 2004;24(11):980-4.
 54. Doi H, Matsushita T, Isobe N. et al. Frequency of chronic headaches in Japanese patients with multiple sclerosis: with special reference to optospinal and common forms of multiple sclerosis. *Headache: The Journal of Head and Face Pain*. 2009;49(10):1513-20.
 55. Cruccu G, Biasiotta A, Di Rezze S. et al. Trigeminal neuralgia and pain related to multiple sclerosis. *PAIN®*. 2009;143(3):186-91.
 56. Benoliel R, Eliav E. Neuropathic orofacial pain. *Oral and Maxillofacial Surgery Clinics of North America*. 2008;20(2):237-54.
 57. De Simone R, Marano E, Morra VB. et al. A clinical comparison of trigeminal neuralgic pain in patients with and without underlying multiple sclerosis. *Neurological Sciences*. 2005;26(2):s150-s1.
 58. Raphael KG, Marbach JJ, Klausner J. Myofascial face pain: clinical characteristics of those with regional vs. widespread pain. *The Journal of the American Dental Association*. 2000;131(2):161-71.
 59. Wallace JL, Keenan CM, Granger DN. Gastric ulceration induced by nonsteroidal anti-inflammatory drugs is a neutrophil-dependent process. *American Journal of Physiology-Gastrointestinal and Liver Physiology*. 1990;259(3):G462-G7.
 60. Seymour RA, Thomason JM, Nolan A. Oral lesions in organ transplant patients. *Journal of oral pathology & medicine*. 1997;26(7):297-304.
 61. Golecka M, Ołdakowska-Jedynak U, Mierzwińska-Nastalska E, Adamczyk-Sosińska E, editors. *Candida-associated denture stomatitis in patients after immunosuppression therapy. Transplantation proceedings*; 2006: Elsevier.