

# Xerostomy

**Xerostomy** – a constant feeling of dryness in the mouth and related symptoms.

In mild forms of hyposalivation, the oral mucosa is clinically normal, in more severe forms we find objective changes (in addition to dryness of the mucous membranes, atrophy, erythema, which may occur, the tongue is smoothed, dried and dull waxy shiny). The lacrimal glands may also be affected with corresponding ocular manifestations of dry keratoconjunctivitis.<sup>[1]</sup>

## Etiology

- Inflammation of salivary glands – especially parotitis epidemica, TBC, sarcoidosis, actinomycosis, HIV, HPV, HTLV-1<sup>[2]</sup>
- tumors – whether primary tumors of the salivary glands or secondary infiltration in other tumors



Xerostomie

obstruction of the ducts – lithiasis

- atrophy of the salivary glands – senile, after actinic therapy<sup>[2]</sup>
- autoimmune disorders – Sjögren's syndrome, Mikulicz's syndrome
- endocrine diseases – diabetes mellitus, hypothyroidism,
- karency syndromes – Plummer-Vinson syndrome
- drugs – anticholinergics, opiates, ergotamine, antidepressants, antiparkinsonians, diuretics
- psychogenic causes – depression
- other factors – dehydration, alcoholism
- magnesium deficiency

## Consequences of xerostomy

- difficulty swallowing and speaking
- burning to soreness of tongue and mucous membranes
- aftertastes, increased sensitivity to spicy foods
- increased tooth decay<sup>[3]</sup>

## Diagnostics

For the purposes of objective diagnosis of hyposalivation and xerostomia, **the Škach test** is used. It consists in measuring resting and stimulated salivary secretion. The patient spits saliva accumulating in the mouth for 15 minutes into a calibrated cylinder, then we give the patient to chew a paraffin tablet and another 15 minutes we let him spit the accumulating saliva into the container. The lower limit of the norm is between 8-10 ml of saliva twice in 15 minutes.<sup>[4]</sup>

## Treatment

- causal – treatment of the underlying disease causing xerostomia, or a change in medication
- symptomatic – compliance with the drinking regime, chewing gum, medication increasing salivation, artificial saliva

## Links

### Related articles

- Sjögren's syndrome
- Mikulicz's syndrome
- Salivary gland

## References

1. HOLLÁ, Lydie a Antonín FASSMANN. Repetitorium onemocnění sliznice ústní dutiny: (vybrané kapitoly). 1. vyd. Brno: Masarykova univerzita, 2003, 82 s. ISBN 80-210-3047-X.
2. LUKÁŠ, Karel a Aleš ŽÁK. Chorobné znaky a příznaky: diferenciální diagnostika. 1. vyd. Praha: Grada, 2014, xxii, 890 s. ISBN 978-80-247-5067-5.
3. WEBER, Thomas. Memorix zubního lékařství. 2. české vyd. Překlad Magdalena Koťová. Praha: Grada, 2012,

xxiv, 584 s. ISBN 978-80-247-3519-1

4. ŠKACH, Miroslav, Karel LIŠKA a Josef ŠVEJDA. Onemocnění ústní sliznice: patologie, terapie a diferenční diagnostika onemocnění ústní sliznice. 2., přeprac. a dopln. vyd. Praha: Avicenum, 1975, 502 s., barev. obr. příl.