

cylindrical radiopacity of mild intensity enveloping the tooth cervix, extending approximately 2 mm apically. Based on an expert oral and maxillofacial radiologist's consultation, a diagnosis of a foreign body around the tooth was favored, although no relevant anamnesis was given. A watch-and-wait policy was adopted, and the patient was observed regularly in follow-up for the next 4 years with mild but progressive gingival recession, revealing a larger part of the ringlike structure. Radiographically, the "lesion" did not show any changes; however, a progressive but overall limited resorption of the alveolar bone in the cervical area was observed. At age 6 years, the tooth was extracted, and, on gross examination, a cylindrical structure was detached with difficulty from the tooth, confirming its nature as a foreign body, most likely an accidentally misplaced rubber ringlike toy part. Subsequent follow-up confirmed uneventful eruption of the permanent central incisor.

Conclusions: Accidental impregnation of a foreign body in the oral soft tissues is an unusual but not rare event in children. However, the occurrence of a foreign body completely surrounding the cervix of a tooth, eventually becoming inseparable possibly due to calcification, is probably very rare. Although harmless, the peculiar clinical and radiographic appearance may cause diagnostic dilemmas.

ORAL ABSTRACT PRESENTATIONS

RELATIONSHIPS BETWEEN SUBJECTIVE TASTE SENSATIONS AND ELECTROGUSTOMETRY

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Objectives: The purpose of this study was to examine the relationships between subjective taste sensations and electrogustometry (EGM) results in patients with taste disorders according to the presence of burning mouth symptoms.

Methods: Forty-six patients (11 men, 53.5 ± 19.5 years; 35 women, 52.9 ± 12.9 years) with taste disturbances as a chief complaint were included. They were asked to complete a questionnaire including subjective taste sensations of 4 basic taste qualities and the pattern of taste disorders such as ageusia, hypogeusia, and dysgeusia. EGM was performed to measure detection thresholds of the chorda tympani, glossopharyngeal, and greater petrosal nerve areas in both sides. To examine the influence of burning mouth symptoms, they were divided into 2 groups: patients with (20 patients; 2 men and 18 women) and without (26 patients; 9 men and 17 women) burning mouth symptoms. The Mann-Whitney *U* or Kruskal-Wallis test was used to compare variables between the groups. The chi-square test or Fisher exact test for categorical variables and the Spearman correlation analysis for continuous variables were used to investigate associations.

Results: There were no significant differences in age and sex distribution according to the presence of burning mouth symptoms. Compared with the patients with burning mouth symptoms, those without burning mouth symptoms reported significantly lower levels of subjective taste sensations in all taste qualities and showed higher correlation levels between subjective taste sensations and EGM thresholds. Hypogeusia was the most common in both groups. Dysgeusia was more common than ageusia in those patients with burning mouth symptoms and vice versa in those without burning mouth symptoms. The pattern of taste disorders also showed more significant associations with the levels of subjective taste sensations in the patients without burning mouth symptoms than those with burning mouth symptoms.

Conclusions: Patients with taste disorder without burning mouth symptoms had a more severe level of taste disturbances than those with burning mouth symptoms. The pathophysiology of taste disturbances could differ according to the presence of burning mouth symptoms.

RECONSIDERATION OF THE NOMENCLATURE AND DISEASE DEFINITION OF BURNING MOUTH SYNDROME: AN INTERNATIONAL DELPHI SURVEY

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Objectives: We sought to determine whether the nomenclature, disease definition, and diagnostic criteria for burning mouth syndrome (BMS) should be revised on the basis of expert agreement using the Delphi method of consensus.

Methods: An international group of 30 BMS experts was invited to participate (April 2019). The study consisted of 3 iterative survey rounds, and findings were presented and participant feedback obtained in a fourth round. Qualtrics^{XM} survey software (Qualtrics, Provo, UT) was used to create an electronic self-administered questionnaire. The first survey included closed-ended and open-ended questions intended to generate suggested changes and gauge each participant's agreement (predefined as 70% in agreement) with the existing International Classification of Diseases, 11th Revision (ICD-11), nomenclature, diagnostic criteria, and disease definition for BMS. Subsequent rounds summarized and presented data from the previous round. Round 2 presented suggested changes and asked if participants agreed or disagreed (dichotomous variable); open-ended questions were for additional changes, comments, and rationales for their selections. Round 3 presented items that met with >50% but <70% agreement and new items that were suggested. Data were summarized using both quantitative (percentage agreement) and qualitative methods (thematic coding). This study was determined to be exempt by the Case Western Reserve University Institutional Review Board (20190366).

Results: Thirty screening e-mails were sent to international experts in BMS, and 22 expressed interest in participating. Nineteen experts completed round 1, 17 completed round 2, and 15 completed round 3 for 86%, 89%, and 88% response rates, respectively. Consensus was reached that BMS should not be classified as a syndrome (15 of 17) and that it should be renamed (15 of 19) "burning mouth disorder." Consensus included that the following should be removed from the diagnostic criteria: (1) emotional distress or functional disability and (2) the number of hours per day that symptoms occur. All other items that reached consensus clarified the disease definition and diagnostic criteria, including delineating the local and systemic causes of oral burning that should be evaluated before diagnosis.

Conclusions: International consensus among selected experts indicated that the proposed ICD-11 nomenclature,