



Workshop Abstract

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Osteonecrosis of the jaw in patients on bisphosphonate therapy

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Osteonecrosis of the jaw is a localised osseous pathology that has been reported since the 19th century. In recent medical literature a rare association between poor healing of the bone of the jaw often related to dental extraction or periodontal disease has been described in patients on bisphosphonate therapy. In brief osteonecrosis of the jaw (ONJ) can be described as a non-healing tooth extraction socket or an area of exposed jawbone that is responding poorly to standard dental therapy. Removal of involved bone is contraindicated, bisphosphonate therapy should be withdrawn and conservative oral medical management continued.

This condition has mostly been reported in cancer patients (on chemotherapy) who have also received intravenous bisphosphonate therapy in higher doses than are usually used in benign bone conditions.

Whilst no cases have been reported in clinical trials in benign bone disease this may be related to its rare occurrence and the relatively small number of patients followed for a long time.

Whilst the definite aetiology and pathogenesis of ONJ remains unclear and the relationship with bisphosphonate therapy needs further clarification risk factors include the underlying malignancy, chemotherapy, corticosteroids and infection.

It is prudent to enquire into the dental health of all patients on or starting bisphosphonate therapy, ensure good oral hygiene and regular dental review and ensure any required invasive dental procedures are undertaken before or after withdrawal of bisphosphonates.

Additionally we should review the indication for continuing long-term bisphosphonates especially in those who may be receiving higher doses (i.e. Paget's Disease) to ensure that the intended benefit out-ways any possible risks.