

NEWSLETTER***Biphosphonates Associated Osteonecrosis
of the Jaw Bone (ONJ)***

Several recent studies have shown that the risk of developing osteonecrosis of the jaw bone (ONJ) after traumatic dental surgery (such as extractions / implant surgery / periodontal surgery) is significantly higher in patients taking biophosphanates.

Biophosphanates are drugs used to retain bone by increasing osteoblastic activity while reducing osteoclastic acitivity. IV forms (such as Zometa and Aredia) are particularly implicated even though oral forms (Fosamax) also pose a risk.

Key Point: Biphosphonates have a half life of 10 years! It would therefore be wise to ask about prior history of having taken these medications as well as current medical status.

Signs and symptoms of Biphosphonate associated ONJ:

- Irregular mucosal ulceration with exposed bone in mandible or maxilla. Lag time usually is 6-9 months post dental treatment.
- Pain and swelling in affected jaw
- Infection, possibly with purulent drainage
- Altered sensation (numbness or heavy sensation)

Treatment: There is presently no effective treatment to get rid of ONJ!

- Long-term antibiotic use alleviates symptoms but does not get rid of it. (Clindamycin, Augmentin)
- Closure with sutures—25% healing capacity.
- Hyperbaric Oxygen treatment does not work.

Conclusion: It is best to prevent and recognize risk factors in advance of dental surgery. It may now be a good idea to include this in your treatment consent forms and to discuss various treatment options with patients with this significant medical history. Malpractice lawyers are very interested in these outcomes and are taking the necessary steps to protect these patients.