More on the Resolution of Bisphosphonate-associated Osteonecrosis of the Jaw

KUO-YANG TSAI, CHIN-SHENG HUANG, GUAN-MIN HUANG and CHEN-TUNG YU

J Rheumatol 2010;37;675
http://www.jrheum.org/content/37/3/675.2

1. Sign up for TOCs and other alerts
   http://www.jrheum.org/alerts

2. Information on Subscriptions
   http://jrheum.com/faq

3. Information on permissions/orders of reprints
   http://jrheum.com/reprints_permissions

The Journal of Rheumatology is a monthly international serial edited by Earl D. Silverman featuring research articles on clinical subjects from scientists working in rheumatology and related fields.
More on the Resolution of Bisphosphonate-associated Osteonecrosis of the Jaw

To the Editor:

We had one case similar to that reported by Lau, et al. The patient is a 72-year-old woman who sustained a painful fistula (Figure 1a) after dental implants 6 months before. She had taken alendronate weekly for 4 years. She underwent sequestrectomy of necrotic bone, oral antibiotics, and oral irrigation with aqueous iodine solution. After 5 months of therapy, the situation deteriorated (Figure 1b). She was started on anabolic therapy with teriparatide (20 µg) in May 2006. After 5 months of teriparatide, significant bone regeneration was found and the mandibular fistula was healing (Figures 1c and 1d). At 10 months’ followup, the panoramic radiograph showed complete resolution of the necrotic region (Figure 2).

Bisphosphonates play an important role in osteoporosis management. Even if the rate is very low, bisphosphonate-related osteonecrosis of the jaw (BRONJ) produces significant morbidity. Prevention and treatment strategies are currently based on expert opinion and focus on maintaining good oral hygiene and conservative surgical intervention.

Teriparatide is the only available anabolic agent for managing osteoporosis. It also shows potential for enhancing fracture healing. Currently, there is no standard for treating BRONJ; we share our experience with satisfactory results after using teriparatide, which might be a promising solution for ONJ.

REFERENCES


J Rheumatol 2010;37:3; doi:10.3899/jrheum.091022