

PREVENTION AND MANAGEMENT OF JAW NECROSIS: *Osteonecrosis of the Jaws*

Recently there has been a significant amount of attention given to osteonecrosis of the jaws (ONJ) as it relates to a particular category of drugs called bisphosphonates. ONJ is a condition that develops when the jaw fails to heal after minor trauma, such as tooth extraction, that results in an area of non-healing bone exposure. ONJ can also develop spontaneously. Bisphosphonates can be administered either IV or orally. The IV forms of the drug are used to treat bone cancer and bony metastases of other cancers. The oral forms, which are more common, are used to treat osteoporosis. It has been reported that a number of patients have developed ONJ after taking bisphosphonates, particularly IV bisphosphonates.

For patients taking oral bisphosphonates for longer than three years, prior to any invasive surgery the current recommendation is a "drug holiday" of three months before surgery and three months after surgery. These recommendations are based on anecdotal evidence that may be of benefit, not on any long-term clinical studies. We have enclosed a summary of the AAOMS management recommendations for you to use as a guide for treatment if you want. In addition, we have included a listing of all bisphosphonate drugs currently available, both oral and intravenous.

It is important that we as a dental community do what is best for our patients. With regard to treatment of those patients on bisphosphonates, it is important to keep current with the latest information and suggestions. We hope this information is useful.

GUIDELINES

Patients who have taken oral bisphosphonates for less than three years and have no clinical risk factors should require no delay in treatment for most oral surgical procedures.

Patients who have taken oral bisphosphonates for less than three years and have any of the listed risk factors the prescribing provider should be contacted to consider discontinuation of the oral bisphosphonate (drug holiday) for at least three months prior to oral surgery (if systemic conditions permit). The bisphosphonate should not be restarted until osseous healing has occurred.

Patients who have taken oral bisphosphonates for more than three years with or without concomitant risk factors the prescribing provider should be contacted to consider discontinuation of the oral bisphosphonate for three months prior to oral surgery, if systemic conditions permit. The bisphosphonate should not be restarted until osseous healing has occurred.

Patients who have a history of IV bisphosphonate use should be considered high risk and management needs to be coordinated with their physician.

**AAOMS position paper on bisphosphonate related osteonecrosis of the jaws. 9-25-2006*