New Bone Formation in the Setting of Osteonecrotic Lesions of the Mandible Following Oral Functional and Anti-Inflammatory Management: A Case of Osteoporosis Treated with Continuous Oral Bisphosphonates

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Abstract

The treatment goal for intractable bisphosphonate-related osteonecrosis of the jaw (BRONJ) is to minimize the progression of jaw osteonecrosis and achieve pain relief under continuous anti-inflammatory treatment.

According to the latest position paper by the BRONJ committee on the diagnosis and treatment-of BRONJ, conservative treatments, such as controlling the progression of jaw osteonecrosis should be applied. The QOL and oral maintenance in patients with an infected jaw take priority over surgical treatment, which is selected in cases involving a separated sequestrum and wide-spread osteonecrosis. Discontinuing the dose of bisphosphonates and-/or changing to the other drugs is also recommended, except in patients with a high risk of recurrence of spinal fractures due to osteoporosis.

We experienced a case of BRONJ that was treated without BP cessation or changes in medication. The patient underwent reduction surgery (marginal resection) to remove increased new bone in the area of mandibular osteonecrosis following continuous conservative treatment.

Key words: new bone formation in the necrotic mandibular lesion, BRONJ, continuous oral bisphosphonate, osteoporosis