

MEDICATION-RELATED OSTEONECROSIS OF THE JAW

Medication-related osteonecrosis of the jaw (MRONJ)

is a rare condition that causes death or necrosis of the jawbone.

It is an adverse effect in people who are taking or have taken antiresorptive medications to protect or strengthen the bones, and antiangiogenic drugs used for the treatment of cancer.

Frequently Asked Questions

1. *How would I know if I have MRONJ?*

You may have:

- Pain, swelling of the gums or jaw or loose teeth.
- 4 weeks after extraction you have gums that have not healed, or bone that does not have gum tissue protecting it.
- Numbness or a feeling of heaviness in the jaw.
- However, you may be unaware of an exposed jaw bone lesion in your mouth, as it may be painless and cause no symptoms.

2. *What would cause me to have MRONJ?*

- You are taking bisphosphonates for the management of osteoporosis or denosumab for either the management of osteoporosis or cancer treatment. (Between 0.001% and 0.01% of these patients develop MRONJ).
- You have been taking the drugs for more than 2 years.
- You are taking the drugs at higher doses and more frequently for the management of cancer. (Between 1% and 10% of these patients develop MRONJ).
- The antiresorptive drugs suppress the body's normal ability to repair, remodel or build healthy bone.

3. *What are my risk factors for developing MRONJ?*

Dental treatment risk factors such as:

- Extraction of teeth, gum surgery or root canal treatment.
- Poor oral hygiene causing gum and bone loss.
- Ill-fitting dentures.

General risk factors such as:

- Being older than 65 years.
- Smoking.
- Diabetes.
- Various types of cancer, most commonly multiple myeloma, breast, prostate and lung.
- Certain treatments for cancer including chemotherapy, anti-inflammatory medications (Corticosteroids), and antiangiogenic (cancer blocking) drugs.

4. *How can I minimize the risk of getting MRONJ?*

It is impossible to predict who is going to get MRONJ but the risk can be reduced by:

- Good oral hygiene and regular dental care.
- Complete any dental surgery before you start intravenous bisphosphonate or antiangiogenic drugs.
- Review your medications with your physician prior to having surgical dental treatment.
- Receive hyperbaric oxygen if indicated.
- Discontinuing bisphosphate therapy may not eliminate the risk of developing MRONJ.
- MRONJ may occur spontaneously with no obvious provocation.

5. *What are the possible treatments for MRONJ?*

There is no one agreed treatment but treatments may involve:

- Antibiotics, anti-bacterial rinses and certain therapeutic blood products.
- Surgical intervention to remove pieces of bone.