

ONJ UPDATE 2024

Torino, 24 febbraio 2024

Abstract Submission FORM

CHRONIC DIFFUSE SCLEROSING OSTEOMYELITIS: WHEN BISPHOSPHONATES ARE THE SOLUTION

SECTION: 2C

AUTHORS (max 8): Contrassegnare SPEAKER con “*”

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Aim: Chronic diffuse sclerosing osteomyelitis is a relatively rare and challenging condition because of its still unknown etiology and the lack of a standard treatment protocol.

Prevalence was found to be 1/200.000. Differential diagnosis includes Chronic Recurrent Multifocal Osteomyelitis, Paget’s disease and Osteosclerotic dysplasia.

Methods: We present a case of a 44-year-old male patient which presented with swelling and pain at the jaw irradiating to the preauricular area, denying any trauma or significant medical history. Initial treatment with antibiotics and NSAIDs barely alleviated symptoms without any definitive resolution. Dental as well as gnathological causes were excluded.

Results: CT scans revealed osteosclerosis and endosteal reaction of the left mandible. Bone biopsy showed dystrophic bone tissue without dysplastic alterations. Bone scintigraphy highlighted an intense uptake. Blood count and bone turnover markers showed no alterations; C-reactive protein and erythrocyte sedimentation rate were slightly increased. Clinical and radiographic signs support a diagnosis of chronic diffuse sclerosing osteomyelitis.

Conclusions: Treatment options include both conservative and surgical approaches. The patient was treated with systemic antiresorptive therapy with a single injection of Aclasta (zoledronic acid 5mg e.v.) with complete remission of symptoms for 12 months. After 20 months, a second injection was administered.

REFERENCES:

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Il titolo non deve essere superiore a 130 caratteri (spazi inclusi); l’abstract deve essere scritto in Times New Roman carattere 10. Numero minimo di parole: 400 inclusi titoli, autori e affiliazioni; numero massimo di parole: 600 inclusi titoli, autori e affiliazioni. Inserire al massimo 3 note bibliografiche. L’abstract (tutto in inglese titolo e testo) deve essere contenuto all’interno della prima pagina del form.