

ONJ UPDATE 2024

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Abstract Submission FORM

STRATEGIES FOR THE MANAGEMENT OF PATIENTS WITH OR AT RISK FOR MEDICATION-RELATED OSTEONECROSIS OF THE JAWS (MRONJ)

SECTION: 3A

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Background. Knowledge and experience in addressing MRONJ continues to evolve, requiring modifications and refinements. The American Association of Oral and Maxillofacial Surgeons (AAOMS) has updated protocols for the diagnosis and management of patients with, or at risk for, drug-related osteonecrosis of the jaw (MRONJ) in 2022. This position paper highlights the importance of adopting a proactive prevention attitude to maintain healthy oral conditions in patients undergoing antiresorptive therapy. Antiresorptive drugs, as is known, have direct effects on osteoclasts, causing changes in bone structure and vascularization. On this modified, poorly vascularized bone, the action of predisposing and triggering factors can determine MRONJ.

For this reason, an assistance service called “PROGETTO BISFOSFONATI” (PB) for the secondary and tertiary prevention of MRONJ was born in 2006 at the Dental Clinic of Fondazione Ca' Granda IRCCS Ospedale Maggiore Policlinico (University of Milan).

Patients and methods. PB admits patients who are taking or are about to undergo therapy with antiresorptive drugs (ARD), from different backgrounds. From 2005 to the present, a single retrospective epidemiological research of medical records collected in the Pb was developed. The data collected belonged to 675 osteoporotic and oncological patients, from which those who did not meet the inclusion criteria were excluded, resulting in a final sample of 467 patients, 57 men and 410 women. A medical record was compiled for each patient based on biographical data, clinical and radiological examinations, and follow-up, which was then entered into a database. The study of this database enabled the identification of an individual risk profile that is crucial for the prevention of MRONJ.

Results. Patient data analyzed over the years demonstrate that MRONJ is rare, multifactorial, dependent on the dose and type of ARDS, systemic pathologies and bad habits. Within the limit of our analysis based on a small sample, the statistically important risk factors are intake of immunosuppressants, cortisone and smoking. An accurate medical history, a thorough dental and radiological examination, associated with correct oral hygiene before starting therapy with antiresorptive drugs helps to reduce the incidence of MRONJ

Conclusions. Once therapy has commenced, patients should be regularly observed to evaluate the oral cavity's health status and detect any early signs of osteonecrotic lesions. Our strategy is a patient-centered therapy, based on the susceptibility of the individual and the risk factors to which he is exposed, with the aim of preventing the onset of MRONJ especially in the case of unavoidable surgical procedures. In order to obtain a reliable risk profile, the collaboration of different specialists and a multidisciplinary diagnostic assessment of the patient is essential. Dental professionals are advised to: carry out a careful medical history associated with objective and radiological examination, the elimination of local triggering factors and adequate prophylaxis in the event of unavoidable surgical procedures

REFERENCES:

1. JOMS 2022: <https://doi.org/10.1016/j.joms.2022.02.00>
2. Qeios ID: PBUJ6Z <https://doi.org/10.32388/PBUJ6Z>
3. Dent. J. 2022, 10, 89. <https://doi.org/10.3390/dj10050089>

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