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Editorial

Expert opinion about osteonecrosis of the jaw

In this issue, review upon jaw necrosis related to antiresorptive agent such as bisphosphonate and denosumab was impressive as it relates the occurrence of the jaw bone necrosis to the oral health, not to the antiresorptive agent itself [1]. It is the infectious oral conditions, not antiresorptive agent itself that matters in the incidence of the jaw bone necrosis with the patients on bisphosphonate as an antiresorptive therapy, according to the authors.

As the authors mentioned, the Korean national study on the incidence of jaw bone necrosis due to antiresorptive therapy revealed 78.7% occurrence following the oral administration for antiosteoporosis medication [2]. Distinct from the first report by Marx, jaw bone necrosis due to osteoporosis medication overwhelms those originated from high-dose anticancer medication. This trend is also confirmed in Japan as in the authors' comment [3,4], causing the authors to focus on antiresorptive agent-related osteonecrosis of the jaw in osteoporosis patients from Asian countries.

The most evaluated oral health standard is the existence of periodontal diseases. As a matter of fact, periodontitis is one of the most prevalent oral diseases which has multifactorial causative factors. Our recent study on the periodontal conditions of the medication-related osteonecrosis of the jaw (MRONJ) patients revealed that the disease stage of the MRONJ was related to the periodontal condition. The more advanced the periodontal disease condition, the more advanced disease stage in jaw bone necrosis (unpublished data), which also supports the authors' opinion.

On the other hand, misdiagnosed MRONJ can be refractory to conventional periodontal treatment. Before the awareness of the jaw bone necrosis related to antiresorptive agent, many cases of current MRONJ (or previous bisphosphonate-related osteonecrosis of the jaws; BRONJ) were misdiagnosed as a refractory periodontitis, which was nonresponsive to adequate periodontal management. In patients with periodontal disease, any single or 2 factor(s) could be controlled in managing it, which is the key strategy in general treatment principle. Although precise pathogenesis remains unclear, the same principle must be adopted for management of MRONJ. Poor oral health is one of risk factors in improving treatment results in any diagnosis related to intraoral conditions, not a specific factor. As a clinician trying to improve treatment result, dentists must do their best not only in improving oral health conditions but also in controlling risk factors of MRONJ. Drug holiday must be considered as one of the treatment options.

Conflicts of interest

No potential conflict of interest relevant to this article was reported.

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