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【 PICTURES IN CLINICAL MEDICINE 】

Severe Maxillary Medication-related Osteonecrosis of the Jaw

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Key words: MRONJ (medication-related osteonecrosis of the jaw), BMA (Bone modifying agent), anti-RANKL antibody, bisphosphonate

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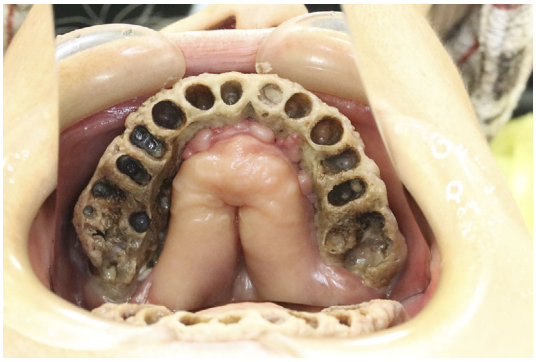
Picture 1.



Picture 2.

An 82-year-old woman presented to our department of oral surgery with a chief complaint of a fetid odor in the oral cavity. An examination revealed exposed sequestrum of the maxillary bone alveolar process. The frontal view resembled a hive. The gingivae that should have been coating the teeth was missing. Every hole showed traces of a tooth having fallen out. She had been taking zoledronic acid due to bone metastasis of her breast cancer for four years and four months. This had later been switched to anti-RANKL antibody for the past one year and seven months. Given that the stress of surgery due to medication-related osteonecrosis of the jaw (MRONJ) can cause further osteonecrosis, the dentist in charge had chosen not to treat her condition with surgery, such as tooth extraction, and had instead administered medication and oral care. Despite having lost all of her maxillary teeth, she is currently able to eat soft foods. MRONJ is necrosis of the jaw bone and is seen as a side effect of certain medications, such as bisphosphonates or anti-RANKL antibody. Once it has developed, it is difficult to control. Strategies for doing so include oral care, the administration of antibiotics, and the elimination of the causal drug. However, stopping drug administration may be difficult in cases such as the present one, which was complicated by bone metastasis. This drives home the importance of a thorough oral assessment before initiating therapy combined with frequent follow-up in order to catch and thwart the development of necrosis.

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