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Abstract Submission FORM

MULTIDISCIPLINARY MANAGEMENT OF POST-EXTRACTION MRONJ IN A 74-YRS WOMAN WITH A HISTORY OF BREAST CANCER AND DENOSUMAB THERAPY

SECTION: 2B

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BACKGROUND: Medication-Related Osteonecrosis of the Jaw (MRONJ) is an uncommon but severe complication associated with the use of bone modifying agents (BMA), described as the progressive destruction and necrosis of the mandibular and maxillary bone [1]. This case report describes a multidisciplinary approach to the treatment of a case of maxillary osteonecrosis in a patient previously treated with Denosumab.

CASE PRESENTATION: A 74-year-old female patient presented at the IRCCS San Raffaele Hospital's Oral Medicine and Oral Pathology Unit with a complex medical and pharmacological history. Diagnosed with stage IV breast cancer, her extensive treatment regimen included radiation, chemotherapy, and various targeted therapies. She underwent a tumorectomy in 2016 and was treated with Denosumab from February 2021 for bone and nodal stability, discontinued two months prior to her dental extraction in September 2022. At presentation in January 2023, the patient arrived with an ECOG Performance Status (PS) of 0, indicating full functionality without symptoms. She exhibited delayed healing at the post-extraction site of tooth 1.1, characterized by bone exposure without symptoms. Clinical examination and CBCT scan revealed necrosis of the alveolar process in the anterior upper maxillary region, staging at stage 1 according to AAOMS [2]. Subsequently, she underwent cycles of antimicrobial therapy and antiseptic mouth rinses in order to reduce the local infection risk. The surgical management under local anesthesia was complex due to the location and extension of the defect, and involved the debridement of the diseased area of the premaxilla and removal of necrotic bone from the alveolar ridge to the nasal spine and the incisive suture of the palatine process; primary closure of the defect was obtained. A comprehensive management plan was initiated, encompassing antibacterial and antiseptic therapies, along with meticulous home wound care. Regular follow-ups were scheduled to closely monitor the healing process and the effectiveness of the osteonecrosis treatment. The post-surgery strategy was tailored, focusing on wound care, antimicrobial administration, rehabilitation of the upper frontal arch and bone defect with a provisional prosthetic appliance and periodic evaluations of soft and bone tissue healing.

CONCLUSION: This case highlights the intricacies involved in treating patients with a history of extensive cancer therapy, emphasizing the impact of such treatments on oral health and the importance of the personalized, multidisciplinary approach in managing of the post-extractive complication. The seamless collaboration between oral medicine and oral surgery specialists was pivotal. This partnership, along with the meticulous implementation of a tailored treatment plan, including surgical intervention and thorough follow-up, was instrumental in navigating the patient's unique challenges. The success of this case demonstrates the effectiveness of combining diverse expertise, comprehensive patient evaluation, and continuous monitoring to ensure optimal healing and patient care. It underscores the need for heightened vigilance and specialized care in similar cases, where the patient's extensive medical history and medication use pose significant treatment challenges.

REFERENCES:

1. Fusco, V., et al. "ONJ (MRONJ) Update 2021—Osteonecrosis of Jaw Related to Bisphosphonates and Other Drugs—Prevention, Diagnosis, Pharmacovigilance, Treatment: A 2021 Web Event." *Oral* 2022, 2, 137-147.
2. Ruggiero, S.L., et al. "American Association of Oral and Maxillofacial Surgeons' position paper on medication-related osteonecrosis of the Jaws—2022 update." *J. Oral Maxillofac. Surg.* 2022, 80.5: 920-943.