

ONJ UPDATE 2024

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Abstract Submission FORM

NONOPERATIVE THERAPY IN STAGE I MRONJ: IS REALLY AN APPROPRIATE OPTION?

SECTION: 4B

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Background. The best treatment option for early-stage lesions in medication-related osteonecrosis of the jaw (MRONJ) remain controversial. Operative therapy (segmental or marginal resection of the mandible and partial maxillectomy) are effective methods to control MRONJ. The efficacy of nonoperative therapies in the management of MRONJ is documented in the literature. Nonoperative therapy include local wound care to exposed bone, antimicrobial rinses, removal of sequestrum, systemic antibiotics, pain control. The objective of our study was to compare the effects of operative versus nonoperative therapy on the resolution of stage I MRONJ.

Patients and methods. We have carried out a retrospective analysis of patients with early lesions of MRONJ (stage I according to SIPMO-SICMF) treated at our department between January 2020 and December 2022. Data collected and analyzed included: site of onj, treatment strategies, treatment success (defined as mucosal integrity without signs of infection), worsening stage and necessity for surgical intervention over time.

Results. A total of 74 patients were included in this study; a total of 20 (27.1%) lesions were located in the maxilla and 54 (72.9%) lesions in the mandible. 43 (58,10%) patients received operative therapy; 31(41,9%) patients underwent nonoperative therapy. The median follow-up period was 13.5 months in the surgical group compared with 12.5 months in the nonsurgical group. Treatment success was achieved in 10 patients in the nonoperative therapy group; of these, 6 showed worsening of disease stage and necessity for surgical intervention during follow-up. Treatment success was achieved in all patients treated with surgery, with no recurrence of disease during follow-up.

Conclusions. The results of our report confirm that operative therapy represents the best treatment strategy even in stage I of MRONJ. Nonoperative strategies can be useful when significant comorbidities preclude operative treatment.

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