PATIENT FACT SHEET

Osteonecrosis of the Jaw

CONDITION DESCRIPTION

Osteonecrosis of the jaw (ONJ) is a condition where the jawbone is exposed and not covered by gums; a condition of poor healing. Bone weakens and dies. There is no test to measure ONJ risk, but some factors are known to raise this risk in very rare circumstances.

Bisphosphonates, like alendronate (Fosamax), risedronate (Actonel and Atelvia), ibandronate (Boniva), zoledronic acid (Reclast) and denosumab (Prolia), may raise ONJ risk. This may be due to loss of bone's ability to repair itself, a drop in blood vessel formation or infection.

While there is a very low risk of ONJ occurring in people taking any of these medications, the risk may be slightly higher in people who require invasive dental procedures, such as a dental extraction or dental implant, if they also take bisphosphonates.

Patients who receive intravenous (injection into vein) bisphosphonates as part of their cancer treatment are at higher risk for ONJ than those who receive the much lower doses for osteoporosis treatment. Older age, diabetes, gum disease and smoking also raise ONJ risk.

SIGNS/ SYMPTOMS

People with ONJ may experience pain, soft tissue swelling and drainage in the mouth, and an exposed jawbone for eight weeks or longer. Other possible signs are bad breath, loose teeth and signs of infection on gums.

COMMON TREATMENTS

People with osteoporosis who develop ONJ receive conservative treatments, such as oral rinses, antibiotics and oral analgesics to ease pain. These treatments are usually effective. Surgery is not usually required and could contribute to the poor bone healing.

A rheumatologist has experience in treating osteoporosis with antiresorptive medications and managing the risk of osteonecrosis of the jaw. Patients who take these treatments for osteoporosis should consult with a rheumatologist to review the risks and benefits of these medications, as well as options to manage their condition.

CARE/ MANAGEMENT TIPS

Good oral hygiene and regular dental care are the best ways to lower the risk of ONJ. Patients should inform their dentist of medications they are taking, particularly if they take anti-resorptive therapy, such as alendronate (Fosamax), risedronate (Actonel and Atelvia), ibandronate (Boniva), zoledronic acid (Reclast) or denosumab (Prolia).

Dentists may consider using conservative invasive dental procedures on patients on antiresorptive therapy, such as root canal instead of extraction if the tooth can be saved. Full-mouth dental extractions or periodontal surgery should be avoided if possible. Patients with periodontal disease should consider non-surgical treatments before choosing surgery.

If patients detect any mouth pain or problems, they should seek dental care right away. It is not necessary to stop bisphosphonate use before a dental procedure, but it may be best to delay starting the drug therapy until after a scheduled dental procedure.

Updated March 2019 by Marcy Bolster, MD, and reviewed by the American College of Rheumatology Committee on Communications and Marketing. This information is provided for general education only. Individuals should consult a qualified health care provider for professional medical advice, diagnosis and treatment of a medical or health condition.

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