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. Bone weakens and dies. There is no test to measure ONJ risk, but some factors are known to rarely raise this risk.

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. People who have had a dental extraction may be at risk, and that risk is higher if they also take bisphosphonates.

Cancer patients taking intravenous bisphosphonates are at much higher risk for ONJ than those who receive lower doses for osteoporosis treatment. Old 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 joint pain, decreased hearing, skin rashes, eye redness or vision changes, fatigue, fever, loss of appetite and weight, night sweats, and numbness or loss of movement in fingers, toes or limbs.

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. In some case reports, teriparatide (Forteo), an injectable drug to manage osteoporosis, has shown effectiveness in managing ONJ. Surgery is not usually required.

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, and 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 notify their dentists if they take potent antiresorptive therapy.

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. They do not have to stop bisphosphonate use before a dental procedure, but may wish to delay starting the drug therapy until after a scheduled dental procedure.

Updated March 2017 by James Udell, MD, and reviewed by the American College of Rheumatology Communications and Marketing Committee.