

Review of: "Simplifying the dental/periodontal management of patients with metabolic bone fragility receiving treatment with denosumab"

Parish Sedghizadeh¹

¹ University of Southern California

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It seems a dangerous proposition (for clinicians and patients) to institute or recommend a “delayed dosing window” without prospective well-controlled studies to suggest efficacy for such a regimen. Should a patient have an adverse skeletal-related event (some of which can be life-threatening or result in mortality) during this delayed window, it could be interpreted as negligence by the clinician(s) since there is inadequate evidence to support such an approach. We currently use somewhat similar regimens clinically but without a “delay” or “holiday” by timing invasive oral procedures, for example, 4 months after the last dose of Dmab and 2 months before the next dosing so there is adequate washout of drug but also adequate time for healing before the next dose. Either way there is a lack of studies directly testing such regimens, and in the absence of such evidence we would be experimenting with our patients (likely without consent) in this pharmacologic context.