

# Review of: "Italian Position Paper (SIPMO-SICMF) on Medication-Related Osteonecrosis of the Jaw (MRONJ)"

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**Potential competing interests:** No potential competing interests to declare.

I reviewed this position paper. In this paper, the authors presented the current research status and the existing challenges and controversies surrounding the MRONJ, and tried to develop evidence-based guidelines to support patients, clinicians, and other healthcare professionals in their decisions about prevention, treatment and management of patients with MRONJ.

I realize how much time and work has gone into the preparation of this manuscript. There are some issues with the study that need to be addressed.

## DEFINITION

Although the authors of this study tried to present a less restrictive definition for MRONJ, their new definition is vague and confusing compared to the definition presented in 2018.

In the up-to-date SIPMO-SICMF definition of MRONJ, it is not clear which pharmacological agents and clinical and radiographic findings provide key diagnostic clue for the MRONJ. A clear definition of a disease has important implications for *patient* care, research, and policy.

To present a clearer definition without any restrictions, the authors could include the most expected drug classes and clinical and radiographic findings in their new definition and add the phrase “not limited to” to avoid any restrictions.

-Although this paper presents current research and knowledge about different aspects (causing agents, epidemiology, diagnosis, etc.,) of MRONJ, no information regarding pathophysiology of the disease has been provided.

## MRONJ DIAGNOSIS

-In the same way that the authors have described some radiographic signs of MRONJ in the section “*Imaging features of MRONJ*”, it would be better if they presented some common histopathologic features of the disease in the section “*Bone biopsy*”.

-Since, the presence of radiographic signs in the absence of any clinical findings indicates a suspected MRONJ case, it would be more appropriate to change the definition of “**suspected MRONJ case**” from “the presence of at least one clinical sign/symptom in a patient receiving BMAs and/or AAs” to “the presence of at least one clinical sign/symptom or radiographic sign in a patient receiving BMAs and/or AAs”.

## STAGING

I agree with the authors that it is the extension of the disease rather than the development of inflammation and infection that indicates the progression of the disease. I recommend that a stage named “suspected MRONJ cases (the presence of at least one clinical sign/symptom or radiographic sign in a patient receiving BMAs and/or AAs)” be added to the proposed staging system. This group of patients are at increased risk of progression to stage I disease and Inclusion of “suspected MRONJ cases” in the staging system overemphasizes the importance of diagnosis and implementation of preventive measures for these at-risk cases.