

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.

It is a great honor for me to review this article as a referee. I congratulate the authors for this position article that they wrote with great effort. I made some suggestions and contributions about this subject. Firstly, in my opinion, there will never be a definitive treatment protocol about MRONJ patients. I agree that each patient should be evaluated individually. It is unethical to plan a prospective randomized controlled trial on which treatment strategies will be effective in MRONJ patients. Because we had retrospective cohort studies showing that some methods are successful. I didn't find it appropriate to apply a treatment method with a high probability of treatment to the study group and to treat the other group only with primary closure. Shouldn't we use all available treatment alternatives in such MRONJ patients? Secondly, I also think there are many shortcomings in the last update of AAOMS. It is impossible to understand the disregard of radiological signs in the staging system or treatment success criteria. Or it is meaningless to accept successful treatment for a patient who had transitioned from stage 3 to stage 2. The surgery of a patient with an asymptomatic large MRONJ lesion and the treatment of a patient with a symptomatic small lesion didn't overlap with the AAOMS staging system. Also, I think a separate topic should be written for MRONJ seen in the lingual molar region. According to my clinical experience, the MRONJ cases that I have the most difficulty regardless of the stage are those with lingual location because of the primary closure is very difficult due to soft tissue losing. Another suggestion is that a separate title should be written about the implant treatment in MRONJ patients in this article. The most frequently asked question to me on this subject is that "Can I perform the dental implant treatment a patient using antiresorptive medication? via e-mail and social media. Clinicians feel the need to research this issue when they will earn more money!!! If there is a title about implant treatment, you can inform more clinicians about this subject owing to this article. Finally, the article is the most comprehensively written work I've ever read on MRONJ. I wish there will be an international update with the joint meeting of American, European and Asian associations...