

Review of: "Long-Term Risk of Medication-Related Osteonecrosis of the Jaw (MRONJ) After Bisphosphonates and/or Denosumab in Metastatic Breast Cancer Patients"

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Potential competing interests: No potential competing interests to declare.

In their article, Fusco et al. comment on the article by Brunner et al. Incidence of Medication-Related Osteonecrosis of the Jaw in Patients With Breast Cancer During a 20-Year Follow-Up: A Population-Based Multicenter Retrospective Study, published in the Journal of Clinical Oncology. The commentaries point out the necessary data that such studies must have, especially the facts about the status of the patients at the time of starting antiresorptive therapy (whether the patients had bone metastases or the drugs were administered preventively). Another important fact is that the diagnosis of MRONJ often does not coincide with the onset of the disease, as the process is often painless and patients do not report to the dentist in time.

The data were collected in oncology clinics in the Austrian province of Tyrol from 2000 to 2020. From a dental perspective, there is no data in either article on the direct cause of the development of MRONJ (whether it was preceded by tooth extraction, placement of dental implants, or surgery, or whether the patients had ill-fitting dentures that created pressure on the alveolar bone, or whether MRONJ developed without prior dental intervention, etc.). Furthermore, there is no data on the localization of the disease (mandible vs. maxilla), nor on the dental status, nor on possible dental interventions aimed at removing teeth with periodontal or periapical infection before starting therapy. All data can be collected from the anamnesis and dental record of the patient. Data on the localization as a risk factor of MRONJ are important for dentists treating patients receiving antiresorptive therapy. It has been proven that MRONJ is often triggered by dental interventions. Therefore, it would be important to analyze the dental data together with the type of drug administered and the duration of treatment in order to understand and clarify the pathophysiological process of MRONJ.