

Review of: "DIAGNOSTIC ACCURACY OF BONE SCINTIGRAPHY IN THE EARLY PREDICTION OF MRONJ"

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This is a valuable report about ability of Nuclear Medicine imaging exams, particularly planar bone scan (Tc99 m scintigraphy) or Bone Scan (BS), to early detect areas of suspected Medication-Related Osteonecrosis of the Jaw (MRONJ) in patients at risk. Even if as a short report, the Authors confirmed our^{[1][2]} and other experiences^{[3][4][5]} of detecting BS uptakes several months before clinical diagnosis of MRONJ in patients submitted to BS (or other Nuclear Medicine exams^{[6][7]}) to stage their cancer disease. Some points of the report might be revisited, in our opinion. In total, the Authors studied 76 quadrants of 19 patients, treated with intravenous zoledronic acid (10) or subcutaneous (not intravenous) denosumab (9), on 45 bone scans. The analysis was conducted only in anterior and posterior positions (whereas in our experience lateral views of skull seemed to increase ability of detecting little uptakes). It is not clear from this first report how many patients had a final diagnosis of MRONJ and how many not; in order to obtain sound specificity and sensitivity values, a larger sample of patients not developing MRONJ probably could be needed. Finally, reporting the stage of ascertained cases of MRONJ (according to the SIPMO-SICMF staging system, based on clinical and Computed Tomography features^[8]) would be of great value. However, the report has an undeniable point of strongness. If all the uptakes were detected at least 6 months before clinical diagnosis of MRONJ (as the Authors report a median time from first uptake of 20.3 months, with a range of 7-41 months), an enlarged report of this case series could be a further invitation to Medicine Nuclear specialists and oncologists to critically review images of Bone Scans obtained in patients receiving antiresorptive drugs for bone metastases, even if asymptomatic at jaw bones, to early detect areas of interest as at high risk of clinical MRONJ disease. Those areas should be routinely studied with Computed Tomography (CT) scans or adequate Cone Beam Computed Tomography (CBCT) scans for a really early detection of MRONJ signs.

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