

Review of "Medication-related osteonecrosis of the jaw - a disease with many names"

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Definitions

[Definition of medication-related osteonecrosis of the jaw in 2014](#)

Defined by Salvatore L. Ruggiero et al.

[Definition of bisphosphonate-related osteonecrosis of the jaw in 2007](#)

Defined by American Association of Oral and Maxillofacial Surgeons Advisory Task Force on Bisphosphonate-Related Osteonecrosis of the Jaws

[Bisphosphonate related osteonecrosis of the jaw \(BRONJ\)](#)

Defined by Alberto Bedogni et al.

This is an interesting paper aiming to review the history of osteonecrosis of the jaw and the terminology that has been largely adopted in the scientific literature to define and classify the disease since its first description more than 15 years ago. It's the author merit that of reporting and versioning the case definition of

[osteonecrosis of the jaw as popularized by the American Association of Oral and Maxillofacial Surgery \(AAOMS\) in 2007](#)

and following years. Changes that have been made to the [original 2007 AAOMS definition](#) appear clearly within the text and reflect the perceived need to include also non-specific clinical features of osteonecrosis other than bone exposure in the definition, as seen in the clinical routine.

Despite this fact, the latest [AAOMS definition issued in 2014](#) still excludes patients without signs of visible or probable bone exposure from being diagnosed and treated appropriately.

Currently the disease burden is still underestimated and the epidemiological data reported in the literature are likely to be unrealistic, especially in clinical trials and epidemiological studies where the [AAOMS definition](#) has been uniquely adopted by the adjudication Committees. ^[1]

There is a clear need to rephrase the

[AAOMS definition of Medication-related osteonecrosis of the jaw \(MRONJ\)](#) not just to

include all possible clinical manifestations, but also to discard the 8-weeks observation period that is actually requested to confirm the clinical suspicion of MRONJ. In an attempt to overcome these obstacles and anticipate diagnosis and treatment, the Expert Panel of the Italian Society for Maxillofacial Surgery (SICMF) and the Italian Society of Oral Pathology and Medicine (SIPMO) published in 2012^[2] a distinct [definition of bisphosphonate-related osteonecrosis of the jaw \(BRONJ\)](#) that has not been included in the present review. This definition was recently upgraded to include also medications other than bisphosphonates.^[3] Fostering a definition as such has the advantage of anticipating both diagnosis and treatment of patients, but it requires the adoption of a diagnostic work-up that relies not only on clinical signs and symptoms, but also on radiological signs of osteonecrosis^{[4][5][6]}. In fact, both clinical and radiological signs of osteonecrosis are non specific and have to be mutually implemented in the diagnostic process to level the risk of misdiagnosis.^[2]

References

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