

Oral Bisphosphonates and Osteonecrosis of the Jaw: A Case Series

The most common triggering events were tooth extractions and tooth implants.

Osteonecrosis of the jaw is a well-described complication of high-dose IV bisphosphonate therapy for cancer. However, clinicians and researchers continue to debate whether low-dose oral bisphosphonates, prescribed for osteoporosis, also can cause jaw osteonecrosis. In early 2008, we published a brief review on this topic ([JW Gen Med Apr 8 2008](#)). Since then, several case series have been published in which jaw osteonecrosis occurred during oral bisphosphonate therapy; this latest report, from Italy, involves 24 women.

The women (mean age, 72) had been taking oral bisphosphonates (usually alendronate) for 11 to 40 months, which is a somewhat shorter duration than has been reported previously. The triggering event for osteonecrosis was usually tooth extraction or dental implant. The mandible was affected more commonly than the maxilla. Lesions eventually healed in nearly all cases.

Comment: Case series like this one do not, in themselves, prove cause and effect; indeed, statements by task forces representing [the American Society for Bone and Mineral Research](#) and [the American Association of Oral and Maxillofacial Surgeons](#) note that clear evidence is lacking for a causal relation between oral bisphosphonates and jaw osteonecrosis. Nevertheless, both groups imply that this complication can result from oral therapy, albeit rarely.

— [Allan S. Brett, MD](#)

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Favia G et al. Osteonecrosis of the jaw correlated to bisphosphonate therapy in non-oncologic patients: Clinicopathological features of 24 patients. *J Rheumatol* 2009 Dec; 36:2780. (<http://dx.doi.org/10.3899/jrheum.090455>)