Jaw Osteonecrosis in a Patient with Postmenopausal Osteoporosis on Antiresorptive Treatment

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Introduction

- Postmenopausal osteoporosis is a common condition affecting many women.
- Management of postmenopausal osteoporosis involves the administration of vitamin D, calcium and antiresorptive agents.
- The long-term management of postmenopausal osteoporosis with antiresorptive agents may present some dangers and adverse effects such as bone necrosis or atypical bone fractures.
Aim

- The aim was to describe the case of a female patient with postmenopausal osteoporosis who presented with acute pain in the jaw and was diagnosed with jaw osteonecrosis.
Methods

- A female patient, aged 68, presented with acute pain in the left side of the mandible
- X-ray examination revealed jaw osteonecrosis
- The patient had postmenopausal osteoporosis
- She had presented with premature menopause at the age of 40 and had been treated with oestrogens
- Thereafter alendronate had been administered
- Alendronate was discontinued and a year later denosumab was initiated
The patient presented with acute jaw pain lasting for a month.

As she had periodontitis, she attributed the pain to this affliction.

CT examination revealed osteonecrosis of the mandible.

Antibiotics were administered and oral hygiene with chlorhexidine was instructed.

The patient adhered and the pain improved, not ceasing, however, completely.
Conclusions

- Jaw osteonecrosis is a rare adverse effect of antiresorptive therapy for postmenopausal osteoporosis
- It is known to occur especially in patients with poor oral hygiene and may be related to excessive suppression of bone turnover
- It can cause diagnostic difficulties as the intense pain may be attributed to various dental problems that the patient may be experiencing
- Management of jaw osteonecrosis involves the administration of antibiotics, oral hygiene with chlorhexidine and in some cases surgical removal of the affected bone