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Letter to the editor

# Comment on "Resolution without surgery of an advanced stage of medication-related osteonecrosis of the jaw (MRONJ) in a patient who could not suspend her treatment for osteoporosis", by Sarmiento (2019)

*Dear Editor,*

I have read with great interest the paper by Sarmiento [1], entitled "Resolution without surgery of an advanced stage of medication-related osteonecrosis of the jaw (MRONJ) in a patient who could not suspend her treatment for osteoporosis". The author reported a clinical case of grade 3 MRONJ developing in a patient who had been using Alendronate and Denosumab for four years. The patient complained of a dull pain, and the author described a fistula occurring after dental extraction and dental implant placement in the mandible, followed by cellulitis. The patient was treated by means of antibiotics and Teriparatide, and the author reported that "the condition of the patient changed almost immediately", with resolution of cellulitis, pain, and fistula.

Despite providing Cone Beam Computed Tomography, illustrating the bone damage upon appearance and resolution after treatment, this reader would be grateful if the author could provide the intraoral and extraoral clinical images of the patient upon appearance. This would clarify whether or not such a case would in fact present an exposed necrotic bone, as sometimes tomographic evidence of osteomyelitis is not accompanied by a clinically exposed bone. Moreover, the clinical image would illustrate the severity and extension of the damages described for the case: fistula and signs of cellulitis. Moreover, was there exposed bone in the dental socket in which the dental implant did not osseointegrate? A clinical image after the resolution of the case is also warranted. Equally important, the author described the presence of bone sequestration that did not need to be surgically removed. This is quite an interesting point, and I would like to hear from the author if this was an expected effect of Teriparatide treatment.

The author mentions that antibiotics lasted for a month and a half and that Teriparatide started 15 days after antibiotics. Therefore, an image or description of the clinical aspect at this time-point would be informative: were there any changes only with antibiotics (even if total resolution was achieved only with Teriparatide)? Moreover, details on the posology of Teriparatide would be informative. How long did the patient continue to use Teriparatide, given that the resolution was almost immediate?

Finally, a reference should be given for the criteria used to classify the grade of MRONJ, which most likely refers to the AAOMS classification [2] "Stage 3—exposed and necrotic bone/fistulae that can be probed to bone, associated with infection and additional complications".

As a University Professor and dentist attending hundreds of patients irradiated in the head and neck at my Institution every year, I thank Professor Sarmiento and Oral Oncology for this interesting report. Step-by-step we are expected to move forward in the comprehension of MRONJ and osteoradionecrosis pathophysiology in order to provide the best approaches for patients.

## Declaration of Competing Interest

The authors declared that there is no conflict of interest.

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