Managing the Oral Health of Patients at Risk of Medication-related Osteonecrosis of the Jaw

At initial consultation

Assess the patient’s level of MRONJ risk (See Table 3.1 and Figure 3.1). Assign and record a risk category.

Advise the patient they are at risk of MRONJ. Emphasise that the risk is small and discuss what the patient can do to reduce their risk e.g. improve their oral hygiene, reduce sugary snacks and drinks, limit alcohol intake, stop smoking.

Aim to get the patient as dentally fit as feasible, with extractions where required, and then treat routinely for scale and polish, simple restorations, recall and radiological review.

Medically complex patients

Consider seeking advice from an oral surgery/special care dentistry specialist with regards to clinical assessment, treatment planning and ongoing management.

Where a subsequent or other procedure which impacts on bone is required

Low risk patients

Discuss the risks of the procedure with the patient to ensure valid consent.

Treat the patient as normal for extractions and any other procedure which impacts on bone. Do not prescribe antibiotic prophylaxis unless otherwise indicated.

Review healing

If the extraction socket is not healed at 8 weeks and you suspect that the patient has MRONJ, refer to an oral surgery/special care dentistry specialist as per local protocols.

Refer any patient with evidence of spontaneous MRONJ.

In the situation where a patient initially presents with an established history of anti-resorptive or anti-angiogenic drug use, follow the advice for extractions or other procedures that impact on bone in the lower section of the diagram.

For further details of the guidance recommendations and advice on following them, refer to the full guidance, available at www.sdcep.org.uk