



American Journal of Cancer Research and Reviews (ISSN:2577-4425)



MANDIBULAR OSTEONECROSIS RELATED TO THE USE OF BISPHOSPHONATE IN ONCOLOGY: CASE REPORT

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ABSTRACT

Objective: Evidence that the inflammation, infection, necrosis and pain present in osteonecrosis may be related to the use of bisphosphonates in oncology. **Methods:** It's a clinical case report of mandibular osteonecrosis, female, 73 years old, treated and under medical and multiprofessional oncology follow-up, at the Oncology Center of the Oswaldo Cruz University Hospital of the University of Pernambuco, for control of invasive ductal carcinoma of breast (Anatomopathological115134) and bilateral bone and lung metastases. Currently, using Faslodex 250mg - 02 ampoules and Zometa (bisphosphonate). **Results:** With a extraction history performed during the use of bisphosphonate, and with a removable upper and lower total dental prosthesis, attended the Dental Service of aforementioned Oncology Center, presenting bone exposure in the anterior mandible region and complaining of local pain. After clinical and radiographic evaluation, the diagnosis of osteonecrosis was confirmed, characterized by necrosis, pain and bone infection. Considering the mandibular clinical and radiographic condition, and the oncological condition, the Oral Care's Standard Operational Protocol for Osteonecrosis was initiated, adapted from the Dentistry Service of the National Cancer Institute, but without the Low Power Laser. After 4 months, clinical improvement was noted and the absence of painful symptoms was reported. In addition, it follows the Oral Care Protocol and is being followed up at the aforementioned specialized Service. **Conclusion:** Invasive surgical procedures and local trauma should be avoided during therapy with bisphosphonates, as they can favor the development of osteonecrosis, in individuals who don't have oral metastasis and have never undergone radiotherapy in the jaws.

Keywords: Osteonecrosis, Bisphosphonates, Dentistry, Oncology.


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How to cite this article:

Anna Danielly Almeida do Nascimento, Beatriz Santos Borges, Cristianne de Barros Santos, Laís Azevedo Lins de Holanda, Aurora Karla de Lacerda Vidal. MANDIBULAR OSTEONECROSIS RELATED TO THE USE OF BISPHOSPHONATE IN ONCOLOGY: CASE REPORT. American Journal of Cancer Research and Reviews, 2021,5:14

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