

Letter for primary dental practitioner

Patient details

Name

Address

Email

Telephone

Date of birth

NHS number

NHS number

Date of review

Diagnosis

Hospital details

Referring hospital

Name

Designation

Contact number/bleep

Consultant

Consultant contact number

Date of referral

Dear dentist

The above patient has been seen in the oncology clinic and will start taking medication that has been associated with a risk of developing medication-related osteonecrosis of the jaw (MRONJ).

Name of drug

Route of administration

Frequency and duration

Before starting the above drug therapy

Please carry out a dental assessment and any necessary treatments especially extraction of teeth with a poor prognosis. Undergoing invasive dental procedures once established on the above therapy will significantly increase a patient's risk of developing osteonecrosis of the jaw. For this reason, any dental extractions should be performed prior to starting the above drug treatment allowing at least 4 weeks for the socket to heal.

After starting the above drug therapy

Please see your patient at least every 6 months to reinforce the importance of good oral hygiene, screen for any dental health problems and in particular, assess for any signs or symptoms of MRONJ. If a dental extraction becomes necessary once the patient is on MRONJ-associated drug therapy, specialist management will be required. In this case, please refer the patient for assessment to your local oral/maxillofacial/specialist dental surgery department.

Further information about MRONJ can be found in the 2017 Scottish Dental Clinical Effectiveness Programme (SDCEP) guidance available at www.sdcep.org.uk.

Thank you for your help.

Dental assessment

For patients prior to commencing MRONJ-associated drug therapy

1. Comprehensive extraoral and intraoral examination
2. Radiographic assessment of teeth including panoramic (OPG) and long cone periapical radiographs, as clinically necessary
3. Evaluation of third molars
4. Identify and control any periodontal disease.
5. Perform any necessary extractions as soon as possible
6. Ensure dentures are atraumatic and comfortable
7. Eliminate sharp edges of teeth or restorations
8. Scaling of teeth
9. Oral hygiene instruction
10. Arrangement of regular review of dental health

Dental care of patients receiving MRONJ-associated drug therapy

Procedures to be avoided whenever possible

- > Dental extractions
- > Oral/periodontal surgery that exposes or manipulates bone
- > Dental implants

Permitted treatments

Routine dental care is not contraindicated in patients treated with antiresorptive medication and may help prevent the need for dental extractions.

- > Scaling and root planing
- > Routine restorations
- > Placement of crowns and bridges
- > Root canal treatment
- > Use of local anaesthesia as necessary

Extractions, oral surgery and implants in patients receiving MRONJ-associated drug therapy require specialist management so please refer the patient to the oral surgery/maxillofacial department for further assessment

Signs and symptoms of medication-related osteonecrosis of the jaw (MRONJ)

Symptoms

- > Pain – severe or persistent
- > Swelling, tenderness or abnormality of gingiva
- > Offensive odour
- > Paresthesia due to peripheral nerve involvement
- > Poor healing after dental work
- > Patients may be asymptomatic

Signs

- > Absent or delayed healing of hard or soft tissue after dental extractions
- > An area of exposed non-vital bone
- > Necrotic bone with surrounding inflammation and tenderness of gingival and mucosal tissues
- > Secondary infection of necrotic bone
- > Paresthesia due to peripheral nerve compression
- > Microfractures
- > Spreading necrosis to involve adjacent teeth, usually with evidence of pre-existing periodontal disease

If MRONJ is suspected, please refer the patient urgently to the oral surgery/maxillofacial department