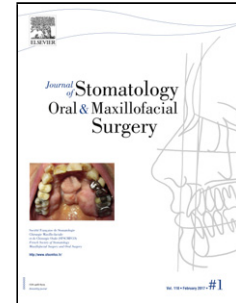


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TITLE: DURATION OF TREATMENT WITH BISPHOSPHONATES AT THE TIME OF OSTEONECROSIS OF THE JAW ONSET IN PATIENTS WITH RHEUMATOID ARTHRITIS. REVIEW.

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ABSTRACT

INTRODUCTION Rheumatoid arthritis (RA) is a frequent and co-morbid condition. One of the main complications is induced osteoporosis. Treatments related to this complication significantly modify oral and implant management. Affected patients represent a population at intermediate risk of osteonecrosis of the jaw (ONJ). The objective was to search the literature for durations of treatment with bisphosphonates at the time of ONJ occurrence in patients with RA in order to obtain an average duration.

MATERIALS AND METHODS A bibliographic search in the PUBMED/MEDLINE database was carried out using the following equation "(osteonecrosis) AND jaw) AND rheumatoid arthritis" with no time limitation. The primary study endpoint was the duration of treatment with bisphosphonates (BP) at the time of ONJ onset in patients with RA.

RESULTS 12 articles accounting for 50 patients were included. Patients had had a median of 46.8 months of treatment with BP before ONJ occurred. Mean, minimum and maximum treatment times were 48.68, 6 and 120 months, respectively. The standard deviation was 27.77 months.

DISCUSSION The median treatment duration in our cohort of patients with RA was less than that reported for osteoporosis. We therefore recommend that practitioners take additional precautions regarding oral surgery or implant procedures, particularly in patients with RA who have been treated with BP for more than 4 years.

KEYWORDS: Rheumatoid arthritis; osteonecrosis of the jaw; bisphosphonate; oral surgery; implantology

INTRODUCTION

Rheumatoid arthritis (RA) is a chronic autoimmune inflammatory disease occurring at any age and in all ethnic groups; with an estimated prevalence between 0.5 and 1% [1]. Due to the increasing life expectancy of populations, its incidence is likely to increase in the coming years. This disease leads to the slow and progressive destruction of bone and cartilage, linked to chronic and excessive osteoclastic activity, induced by inflammation

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