

Conclusions. Proteomic profiling of saliva has the potential to provide an effective tool for early diagnosis and prognostication of OSCC.

References

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Osteonecrosis of the jaw after adjuvant endocrine therapy plus alendronate in a breast cancer patient

F. Giancola¹, O. Di Fede¹, L. Lo Russo², L. Lo Muzio², G. Campisi¹

¹Department of Surgical, Oncological and Oral Sciences, University of Palermo, Italy; ²Department of Surgical Sciences, University of Foggia, Italy

Background. Bisphosphonates-associated osteonecrosis of the jaws (BRONJ) is a serious complication, which has been defined by Bedogni et al. (1) as an adverse drug reaction consisting of progressive destruction and death of bone that affects the mandible and/or maxilla of patients exposed to the treatment with nitrogen-containing bisphosphonates (NBPs) in absence of a previous radiation treatment. Generally, IV NBPs have a strong association with BRONJ than oral NBPs as evidenced by the higher incidence of BRONJ (0-10%) in patients treated with IV drugs than in patients in oral therapy (<1%) (2).

Objectives. The aim of this study was to report a clinical case of BRONJ in an oncologic patient who has been treated with anastrozole and oral NBPs for secondary osteoporosis.

Case report. In February 2014 a 75-year-old woman was referred because of history of pain in the left posterior mandibular region and hypoesthesia/anesthesia of the homolateral inferior lip and chin. In the anamnesis, she had referred to be in therapy with alendronate since 2004, for a history of severe osteoporosis and, in multimodal chemotherapy and anastrozole since 2010 for a diagnosis of breast cancer. Furthermore, left lower molar extraction was performed on March 2013. Clinical examination revealed swelling of the extraoral soft tissue in the left emimandible; intraorally, the presence of a mucosal fistula on the left mandibular angle was identified. CT was performed and BRONJ diagnosis was defined with a stage 2A according to Bedogni et al. (1).

Conclusions. Administration of NBP is indicated to treat also osteoporosis anastrozole-induced in oncological patients, showing that patients with hormone receptor-positive early-stage breast cancer taking oral BP could represent a subset in which it would be useful to apply BRONJ prevention protocols.

References

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Tooth extractions in high-risk patients previously treated for osteonecrosis. Protocol supported by low level laser therapy

I. Giovannacci, E. Merigo, A. Sarraj, T. Simonazzi, P. Vescovi

Center of Oral Laser Surgery and Oral Medicine, Dental School. Department of Biomedical, Biotechnological and Translational Sciences, University of Parma, Italy

Objectives. Trauma during dental surgery is the main predisposing factor for Medication Related Osteonecrosis of the Jaws (MRONJ). Moreover, genetic factors are recognized in the pathogenesis. There are no specific guidelines for the management of tooth extractions in patients under Bisphosphonates Therapy (BPT).