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Previously Successful Dental Implants Can Fail When Patients Commence Anti-resorptive Therapy—A Case Series

Intro: The issues of placing dental implants in patients who are taking bisphosphonates, denosumab, or other medications known to predispose to medication-related osteonecrosis of the jaws (MRONJ) are fairly well known, and protocols are in place to reduce the risk, including discontinuation of the medication, drug holidays, and the use of testing such as C-terminal telopeptide (CTX) for bone turnover. Although it is still somewhat controversial, many authorities recognize that the success rates for implants placed in patients already taking these medications are lower than the normally quoted success rates for implants. What has not been as fully realized is the issue of patients who have successfully undergone implant reconstruction and are sub-

sequently placed on bisphosphonates or similar medications, often years later. This article reports some of the issues seen in these patients and the types of problems that can arise.

Abstract: This article reports a type of localized osteonecrosis that can occur in patients who have had successful osseointegrated implants for many years and then commence anti-resorptive therapy. Eleven female patients were identified who had successful implant insertion, but who were placed on anti-resorptive therapy (bisphosphonates or denosumab) several years later and developed osteonecrosis around the implants. In each case, the osteonecrosis occurred only around the implants and not around the patients' remaining teeth. The implants of eight

patients were removed with a sequestrum of bone tightly adherent to the implant. This is different from the normal pattern of implant failure. Implant failure can occur when patients with successfully integrated implants are later placed on anti-resorptive therapy, and the osteonecrosis takes a particular form where a sequestrum forms that remains adherent to the implant. Why the adjacent remaining

teeth are not affected is unclear.

Also remarkable is the fact that this problem only seems to affect the implants and not the rest of the teeth or any edentulous areas. Conceptually, one might imagine the teeth themselves to be more at risk because they have a periodontal ligament as a source of possible bacterial ingress and failure, and they also have the nutritional needs of the pulp, which are

DENTAL FUN FACT

DID YOU KNOW...

“THE CALCIUM AND PHOSPHOROUS FOUND IN CHEESE ARE HEALTHY FOR YOUR TEETH, IT REDUCES THE PH LEVEL IN PLAQUE AND RE-MINERALIZES THE ENAMEL.”

(<https://thedentistsofficefallon.com/dental-fun-facts-ii/>)

NEWS YOU CAN USE

Resources for DEA Registered Practitioners for Patients Who May Be Dependent and / or Addicted to Opioids

According to the U.S. Centers for Disease Control and Prevention (CDC) there were 63,632 drug overdose deaths in the United States in 2016; 174 deaths per day; one death every 8.28 minutes; 42,249 (66.4%) of those deaths were due to opioids. More deaths than those as a result of firearms, homicide, suicide, and motor vehicle crashes.

Practitioners are in a unique position to help combat the current opioid epidemic in this country. Please take time to understand and recognize the signs of this disease in your patients. Practitioners may also wish to talk with their patients who are currently taking opioids for a legitimate medical issue about the benefits of naloxone (e.g. Narcan®, Evzio®) in the case of an overdose situation which may involve themselves or anyone in their family. These types of products can rapidly reverse the effects of an opioid overdose and are the standard treatment for these types of situations. Information on naloxone products can be found at www.fda.gov

obviously greater than those of an implant. However, it is also possible that because of the lack of a periodontal ligament, the stresses placed on the bone with mastication become high enough to

cause localized bone necrosis in this implant patient group. This phenomenon has not been specifically described previously, but has been alluded to in other reports.

1. Starck W, Epker B. Failure of osseointegrated dental implants after diphosphonate therapy for osteoporosis: a case report. *Int J oral Maxillofac Implants* 1995;10:74-8.

Dr. Brian Simpson
announces the thirty fourth meeting of the
NANUET IMPLANT STUDY GROUP

Speaker: Edmund Kalotkin, PT, DPT, MSPT, COMT
Physical Therapist
Palisades Physical Therapy, Palisades NY

**“Physical Therapy and The
Dental Patient”**

Thursday, June 7, 2018
Dinner: 6:30 Presentation: 7:00 — 9:00 pm

Hudson House 134 Main Street Nyack, NY

2 CE credits awarded by the Ninth District Dental Association
Cost: \$50.00

To register, please call: 845-623-3497
or email office@drbriansimpson.com

“The thing that we call ‘failure’ is not the falling down, but the staying down”
-Mary Pickford