



## PERIO POINTERS

### Bisphosphonate Update

There are two recent articles of interest on bisphosphonates. One is in the August JADA, and the other is at the AMOS website. Now that information is in print we have a legal angle we need to be concerned about.

190 million prescriptions have been written for oral bisphosphonates. The incidence reported is up to .04% for osteonecrosis on the oral form which translates to 7600 cases worldwide.

What do you do? If the patient is on the oral form less than 3 years, have them sign a specific consent form after discussing the risks of osteonecrosis and do the procedure. The exception could be dental implants.

If on the drug for over 3 years, or less than 3 years and on steroids, stop the drug for 3 months, do the procedure, wait for osseous healing and restart the drug. I would not do this on my own but with the MD's consent to put the patient on a drug holiday.

Treatment involves removing loose sequestrum, giving antibiotics, chlorhexidine, discontinue the drug, and pain control.

Patients on IV bisphosphonates should be referred to the oral surgeon for management.

### Winter 2006



**No amount of material things  
can make you as rich as own-  
ing a dog**

### Newsletter Spotlight

Please use this forum as a place to receive information that would help your practice. I am open to discussing any topics with you and if it is of interest to you, it may help others. Let me know your thoughts!

### Case Study



This patient was referred for crown lengthening, but the healthy tooth structure was 3 mm below the osseous crest. It was determined an immediate implant would be a better choice of treatment. Immediate implants can be done when there is no periapical pathology, where esthetics is an issue, or the patient refuses to wear a removable appliance. Care must be taken with the extraction, as we want to preserve as much bone as possible. I do not recommend immediate implants in the molar region as it is difficult to determine the depth and difficult to get good stability. In the anterior region, I will place a plastic abutment and a temporary crown. I will need a presurgical model to make the temporary crown.

Patients love it and so do I as we are able to keep the bone and give them a tooth in an hour and a half. Final restoration is the same as a 2 stage procedure in about 5 months on the maxillary arch.

Think about an immediate implant if the patient has a fractured root or as an option to post and cores and crown lengthening.