

Bölüm 13

MAKSİLLA VE MANDİBULADA GÖZLENEN MRONJ VE GÜNCEL TEDAVİ YAKLAŞIMLARI

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GİRİŞ

Bisfosfonatlara bağlı gelişen çenelerde görülen osteonekroz olguları (BRONJ), ilk kez 2003 yılında Marx ve ardından 2004 yılında Ruggiero ve ark. tarafından rapor edilmiştir (1,2). Bu çalışmalarda, intravenöz (i.v) bisfosfonatla tedavi edilen hastaların maksillofasiyal bölgelerinde iyileşmeyen, açığa çıkmış nekrotik kemik ile karakterize alanların oluşumuna dikkat çekilmiştir (1,2). 2009 yılında Amerikan Oral ve Maksillofasiyal Cerrahlar Derneği (AAOMS)'nin raporunda belirtildiği üzere daha önce baş boyun bölgesinden radyoterapi almamış, bisfosfonat ilaç tedavisi geçirmiş olan ya da bu ilaç kullanımına devam eden hastaların maksilla veya mandibulasında gözlenen 8 haftadan daha uzun süreli ekspozite kemik varlığına 'bisfosfonat ile ilişkili çene kemiği osteonekrozu (BRONJ)' denilmektedir (3). 2014 yılında ise sadece bisfosfonatların değil aynı zamanda yeni çıkan kemoterapi ilaçlarının da aynı etkiyi göstermesi nedeniyle tanımlama değiştirilmiş ve 'bisfosfonat ile ilişkili çene osteonekrozu (BRONJ)' terimi yerine; 'ilaçlarla ilişkili çene osteonekrozu (MRONJ)' terimi ortaya çıkmıştır(4). Bu güncel terimle 'antirezortif veya antianjiyogenik ajanlarla tedavi görmüş ya da görmekte olan, metastatik herhangi bir hastalığın eşlik etmediği ve radyoterapi almamış hastaların maksilla veya mandibulasında lokalize 8 haftadan daha uzun

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