SJÖGREN SYNDROME

Treatment

- No cure
- No specific treatment

- Treatment is generally symptomatic and supportive.

Therapy of xerostomia

- The use of:

- moisturizing mouthwashes
- chewing gums
- salivary substitutes: sprays, rinses

Dental care

- Preventive dental treatment
- Topical fluoride application
- Frequent teeth cleanings by a dental hygienist

Dental care

- If oral candidosis complicate SS:

- appropriate treatment may include topical antifungals (oral miconazole gel)

Dental care

- It is important that SS patients receive planned recall for routine dental examinations, which should include appropriate non-surgical periodontal treatment.

- It is important to appreciate that patients with SS may have associated systemic disease induced physical impairment such as rheumatoid arthritis.

- These patients may have difficulty attending dental appointments, and may find routine oral hygiene measures challenging.

OSTEOPOROSIS

Definition of medication associated osteonecrosis of the jaw (MRONJ)

(According to the US specialty society (AAOMS, American Association of Oral and Maxillofacial Surgeons)

- Current or previous antiresorptive or antiangiogenetic therapy

- Exposed bone or bone that can be probed through an intraoral or extraoral fistula in the maxillofacial region that has persisted for longer than 8 weeks

- No history of radiation therapy to the jaws or obvious metastatic disease to the jaws

Strategies for the prevention of medication-related osteonecrosis of the jaw in patients receiving antiresorptive therapy in the setting of malignancies and osteoporosis

- Clear explanation of the risk of medication-related osteonecrosis of the jaw and the need for effective oral hygiene
- Thorough dental examination, including x-rays, before the start of the treatment
- If possible, conservative dentistry, and surgical and prosthetic interventions should precede the start of antiresorptive treatment
- Checking for pressure sores and relining of poorly fitting prostheses with mucosa contact or fitting a newly made prosthesis
- Dental extractions, only where absolutely necessary and accompanied by perioperative antibiotic prophylaxis with plastic wound closure by plastic surgery

Strategies for the prevention of medication-related osteonecrosis of the jaw in patients receiving antiresorptive therapy in the setting of malignancies and osteoporosis

- Prophylactic antibiotic treatment before, during, and after invasive oral surgery
- Professional dental cleaning and dental checkups at regular (half yearly) intervals during and after antiresorptive therapy
- Smoking cessation and treatment of general disorders (for example, diabetes mellitus)
- Checking the indication for continuing antiresorptive therapy at regular intervals

Conclusions

- Before antiresorptive medication is begun, oral hygiene should be improved.

- It seems that perioperative antibiotic prophylaxis and adequate plastic wound closure can often prevent MRONJ (Medication-related osteonecrosis of the jaw).

- In view of the fact that bisphosphonates can persist in bone for more than 15 years, patients should be thoroughly informed of the risk that antiresorptive treatment can cause MRONJ, and the measures discussed should be initiated.