Update Sessions

US I

Bisphosphonate-related osteochemonecrosis of the jaws (BRONJ) AM Hegarty¹, C Madrid²

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Evidence over the past years suggests an association between bisphosphonate therapy and osteochemonecrosis of the jaws. BRONJ is increasing in incidence and risk factors include the potency and duration of bisphosphonate therapy, dentoalveolar surgery, mucosal trauma especially of bony prominences where the mucosa is thin, concomitant oral disease and systemic factors such as immunosuppression, old age, tobacco smoking and alcohol use. The evidence available focuses on IV therapy in malignant disease but of much greater concern is the effect of the widely used oral bisphosphonates in the management of osteoporosis. The severity of BRONJ varies greatly and an evidence-based treatment algorithm has yet to be established but it is recognized surgical intervention is unwise. Current recommended preventive and therapeutic strategies for BRONJ are based on expert panel advice. We present an update on aetiopathogenesis, clinical presentation and therapeutic options for BRONJ.

US 2

Orofacial granulomatosis

T Poate

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Orofacial granulomatosis (OFG) is a rare, chronic inflammatory disease of unknown etiology affecting the orofacial tissues. Lip swelling is the most common clinical presentation but many intra-oral sites may also be affected. OFG is used as an umbrella term and includes the Melkersson-Rosenthal syndrome, cheilitis granulomatosa, and systemic granulomatous diseases, of which, Crohn's disease is the most common. Histological characteristics consist of epithelioid granulomas and lymphedema of the corium. No definitive etiological cause has been identified, but dietary antigens, additives, dental materials and various microbiological agents have all been suggested as playing an important role in the pathogenesis of the disease. Dietary manipulation, in particular use of a cinnamon and benzoate-free diet, has been used with success as a first-line treatment. Further disease management largely follows a Crohn's disease-like treatment regimen involving immuno-suppressants, whilst lip-reduction surgery is reserved for treatment-resistant, severe cases. Immunological investigations suggest that mucosal immune function may be altered in OFG. This lecture will review the clinical manifestations of OFG, methods of scoring the disease severity of the condition and our group's experience based on over 140 patients regarding management, monitoring and associated gut pathology.

US 3

Chemotherapy-induced oral mucositis

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Chemotherapy-induced oral mucositis is a common problem in everyday cancer therapy. Oral mucositis have a significant negative impact on both the prognosis and on the health economy. Patients developing oral mucositis during chemotherapy are more prone to develop severe systemic infections, have more admission days and have a larger risk of reduced or interrupted treatment. The pathogenesis is still unclear, but new knowledge has recently emerged, thus opening up for remedy or, even better, a reliable and safe preventive strategies. It has been shown that the injury starts earlier than was previously known. The lack of early clinical signs has reduced the possibilities of taking proper measures in time. It has also been shown that the mucositis seen in patients receiving radiotherapy have a very similar pathogenesis but with more profound damage to DNA, which prolongs the duration of symptoms. It has been shown that oral hygiene, different chemotherapeutic agents and the medical diagnose influence the incidence, severity and duration of oral mucositis. So far, there has been some success in the reduction and prevention of severe mucositis. During recent years, the most successful agent tested is Keratinocyte Growth Factor (KGF). It has been shown that the preoperative administration of KGF significantly reduce the severity and duration of oral and gastrointestinal mucositis induced by chemotherapy.

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US 4

The diabetic patient - a challenge in oral medicine

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Diabetes mellitus is a metabolic disease associated with alterations in insulin production and/or function. It is estimated that there are more then 200 000 million people with diabetes worldwide and its prevalence might reach pandemic proportions in the nearest future. This highly prevalent disease can be associated with alterations in the oral cavity, especially periodontitis. On the other hand, it has been shown that infections in the oral cavity have the potential to affect diabetes. It is therefore very important that dentists are up to date regarding diabetes its significance for the oral cavity. Thus, in the lecture the basic aspects of the disease, including its epidemiology, aetiology, pathogenesis and diagnose will be discussed, together with its oral manifestations and clinical considerations for the treatment of patients with diabetes.

US 5

Oral leukoplakia - diagnosis and treatment M Meleti

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Oral leukoplakia is the most common potentially malignant disorder encountered in clinical practice. The annual malignant transformation rate seems to be less than 1% in Europe. A provisional diagnosis of leukoplakia is made when a predominantly white lesion at clinical examination cannot be clearly diagnosed as any other disease or disorder of the oral mucosa. A definitive diagnosis is made when any actiological cause other than tobacco/areca nut has been excluded and histopathology has not confirmed any other specific disorder. According to the histopathological evaluation, the lesion should be further characterized as leukoplakia with or without dysplasia. Surgery represents the first choice in the management of oral leukoplakia even though the value of removing potentially malignant oral lesions, in terms of prevention of cancer development, remains unproved. Photodynamic therapy is still on experimental phase. Medical treatment is mainly based on the use of vitamin A and retinoids, beta carotene and lycopene. Smoking cessation may be associated with a decrease in the incidence of leukoplakia.

US 6

Herpes virus - diagnosis and treatment

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To date, approximately 100 Herpesviruses have been identified in man and other animals, and new species are continuously being identified. There are eight recognized herpes viruses that infect man, and all of them can cause oral manifestations. Herpes simplex virus type 1 is a nuclear replicating enveloped virus. Most primary infections are acquired through direct contact; asymptomatic individuals periodically shed infectious HSV in saliva. The diagnosis of common herpetic infection can usually be based upon the clinical history and presenting features. Confirmatory laboratory diagnosis is however required when the clinical pictures are atypical and particularly when the patients seem to be immuno-compromised. HSV-1 gives rise to a variety of clinical disorders and is a major cause of morbidity and mortality worldwide. Systemic antiviral therapy has been widely accepted as effective for primary infection while topical treatment seems to be the accepted standard for recurrences. There is also evidence that prophylactic oral ACV may reduce the frequency and severity of recurrent attack of herpetic infection in immuno-compromised patients, but the optimal timing and duration of treatment is uncertain and can vary in different situations.

US 7 Pigmented lesions in the oral mucosa

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Oral pigmentation is a discoloration of the oral mucosa or gingiva due to the wide variety of lesions and conditions. Oral pigmentations represent a group of several entities ranging from physiologic pigmentation to malignant melanoma. Pigmentation could have multifactorial etiology. Depending on the amount of melanin production and depth of the pigment location its clinical appearance ranges from brown to black. The identification and clinical assessment of pigmentation is of noteworthy because of the possible risk of serious systemic disease, such as melanoma, various syndromes, and the side effects of drugs. The etiology, differential diagnosis, clinical and histopathological features of pigmentation, is discussed and the current literature is reviewed.

US 8

Chronic idiopathic pain in the dentoal veolar region V $\ensuremath{\mathrm{Brailo}}$

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Idiopathic painful conditions most commonly affecting dentoalveolar region are trigeminal neuralgia, atypical odontalgia and myofascial pain. Dental or CNS pathology must be excluded for definite diagnosis of 'true' trigeminal neuralgia. Anti-

epileptic drugs, generally first line of treatment, control pain attacks in almost 80% of the cases. Surgery is considered mainly in recalcitrant cases. Atypical odontalgia, is pain connected with tooth or tooth site, with absence of associated tooth pathology. Many cases are perpetuated or triggered by dental procedures. The major issue in management is to establish an accurate diagnosis. Tricyclic antidepressants have shown best results in such pain control. The etiology of myofascial pain is poorly understood and many contributing factors have been considered. Most patients respond to conservative therapy which should be directed toward elimination of factors that are regarded as playing a major role in initiating, aggravating, or perpetuating the disorder.

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