



Osteonecrosi da bifosfonato e l'antica Phossy jaw

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LETTERS TO THE EDITOR

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USAGE OF THE TERM "ASCENDING RAMUS"

To the Editor:—With regard to the clinicopathologic conference in the August 2004 issue of *JOMS* titled "Large Lytic Lesion of the Ascending Ramus, the Condyle, and the Intra-

BIS-PHOSSY JAW, PHOSSY JAW, AND THE 21ST CENTURY: BISPHOSPHONATE-ASSOCIATED COMPLICATIONS OF THE JAWS

CURRENT THERAPY

J Oral Maxillofac Surg 63:682-689, 2005

Bisphosphonate Osteochemonecrosis (Bis-Phossy Jaw): Is This Phossy Jaw of the 21st Century?

John W. Hellstein, DDS, MS, and Cindy L. Marek, BS Pharm, PharmD†*

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Bisphosphonates and osteonecrosis: analogy to phossy jaw

A Michael Donoghue

MJA • Volume 183 Number 3 • 1 August 2005

BMJ

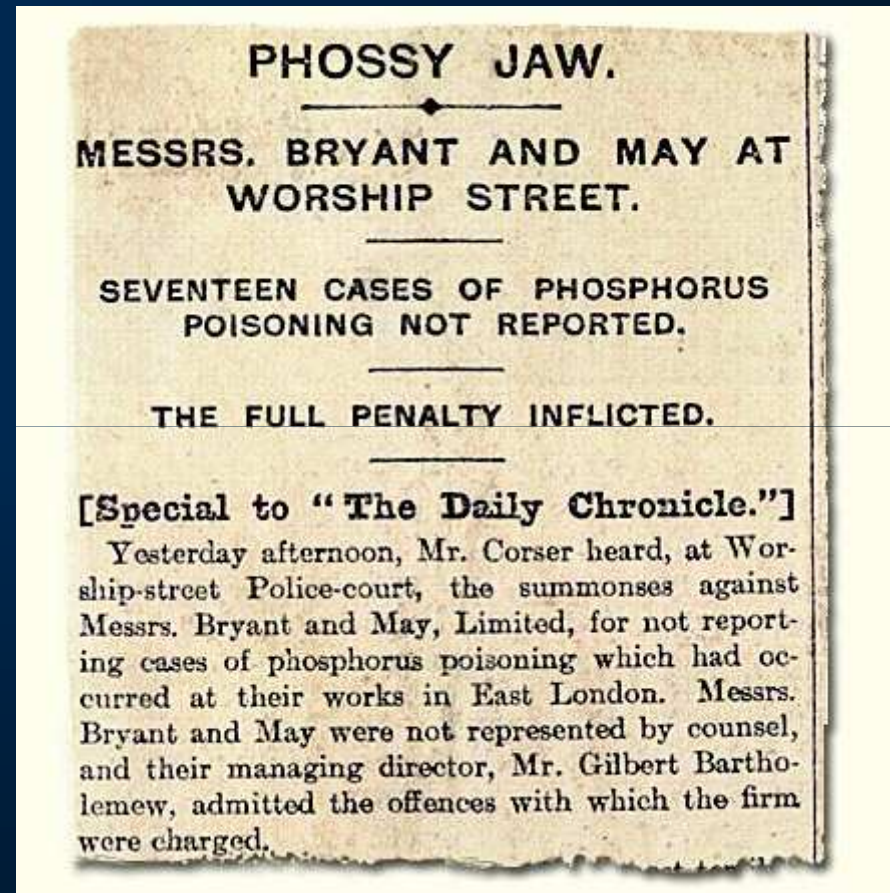
Osteonecrosis of the jaw and bisphosphonates: Historical lesson from occupational medicine

Eugene R Waclawski

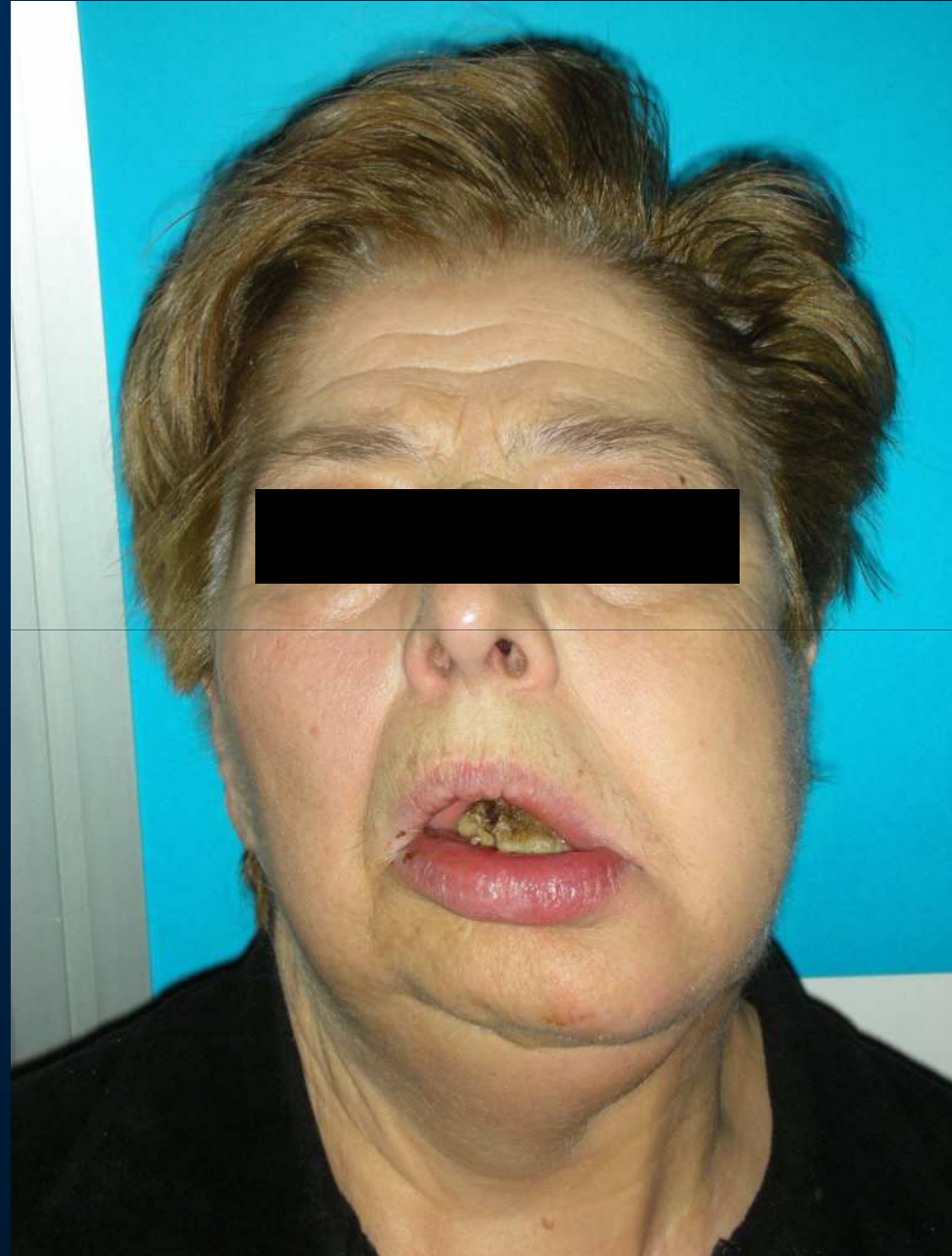
BMJ 2006;333;1123-
doi:10.1136/bmj.39037.699039.3A

“PHOSSY JAW “

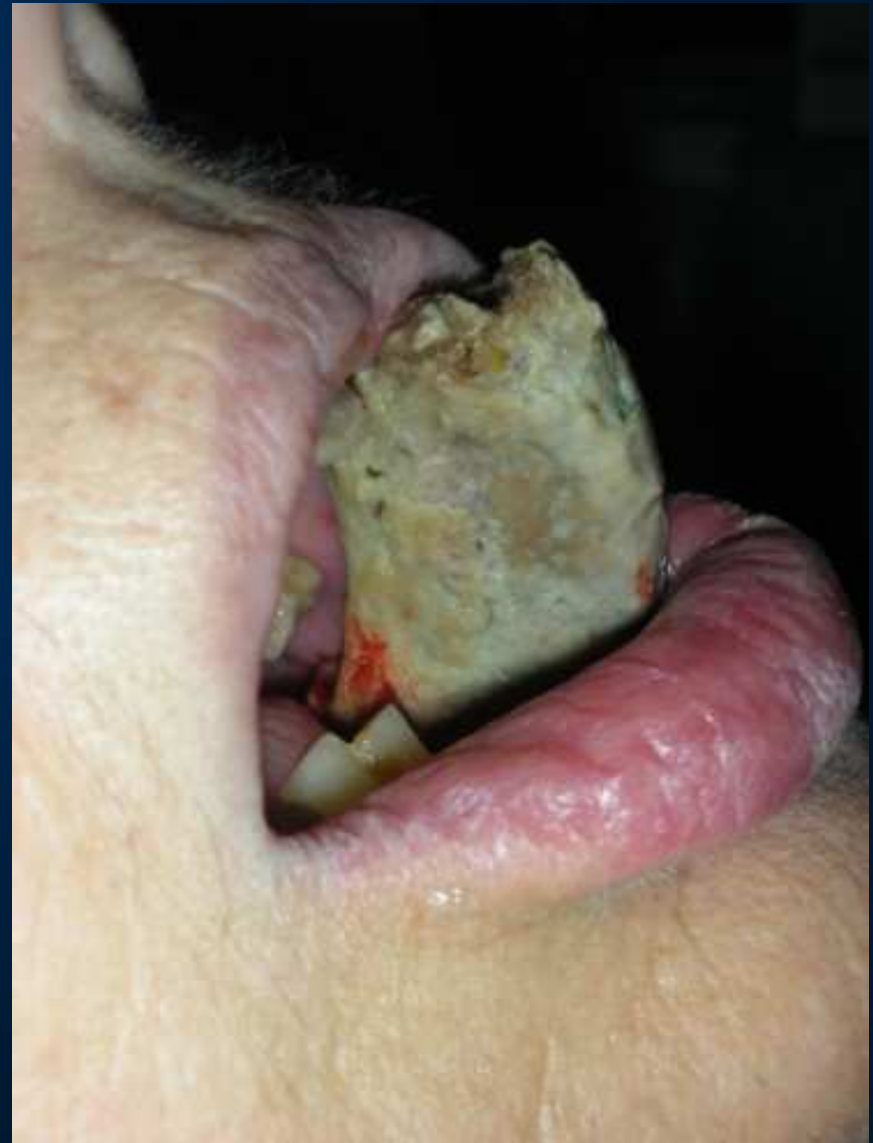
- 1845 Primo caso
- Prima condanna penale inflitta da un tribunale per mancata denuncia
- 1906 Convenzione Internazionale di Berna
- Sostituzione del fosforo giallo con fosforo sesquisulfato



- S.L. anni 70
- Carcinoma tiroideo indifferenziato
- metastasi osee
- Insufficienza renale cronica
- Zometa 4 anni
- Esposizione ossea spontanea da oltre due anni,
- Stato stuporoso



- frattura ed esposizione dell'emimandibola sx
- produzione di pus, dolore
- alitosi
- Ulcera traumatica della lingua

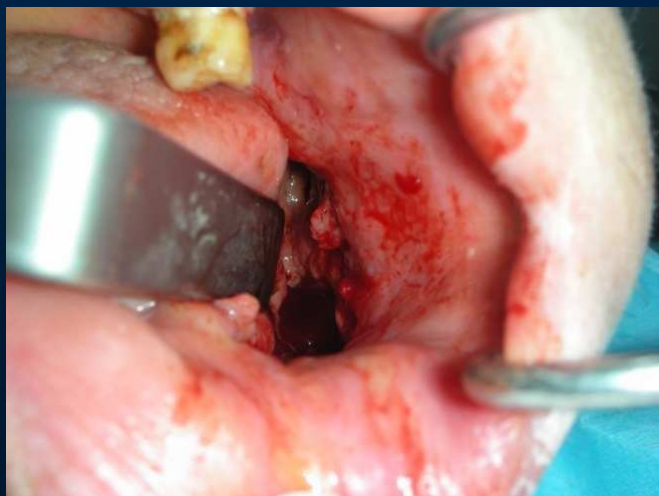




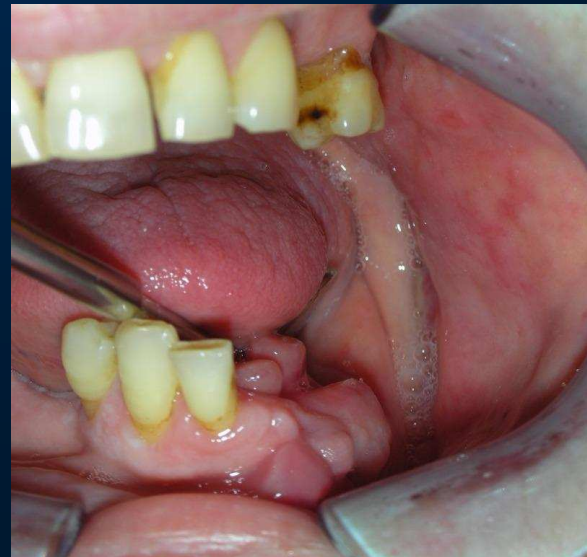
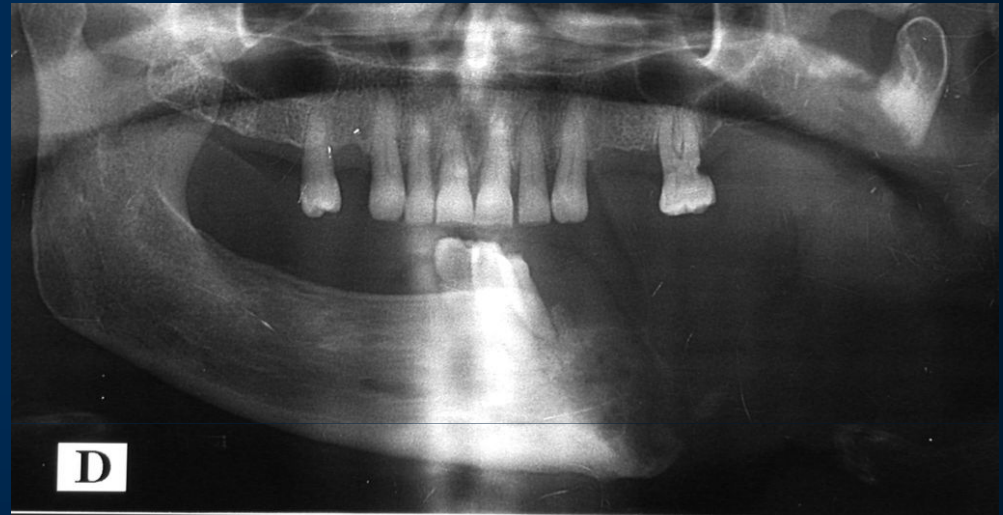
- Intervento Chirurgico
 - Ambulatorio
 - Anestesia locale
 - Sequestrectomia

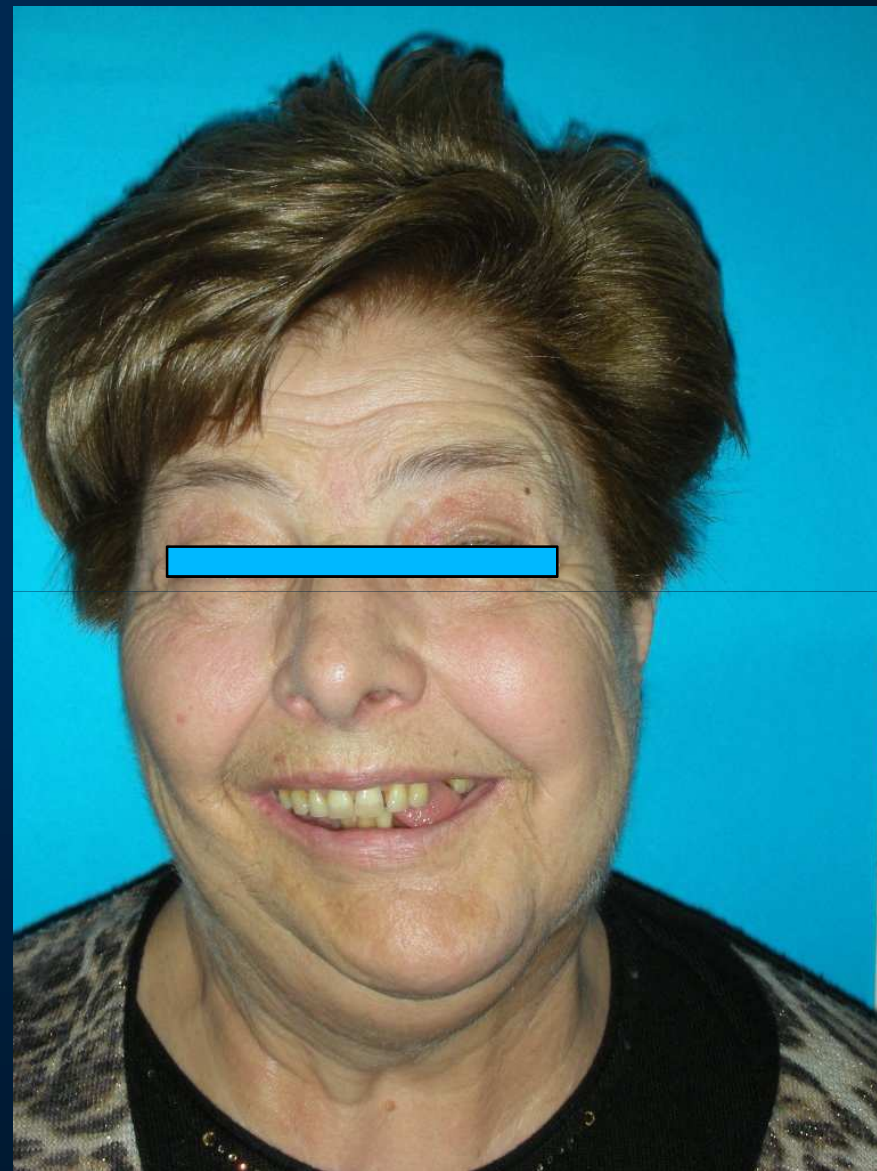
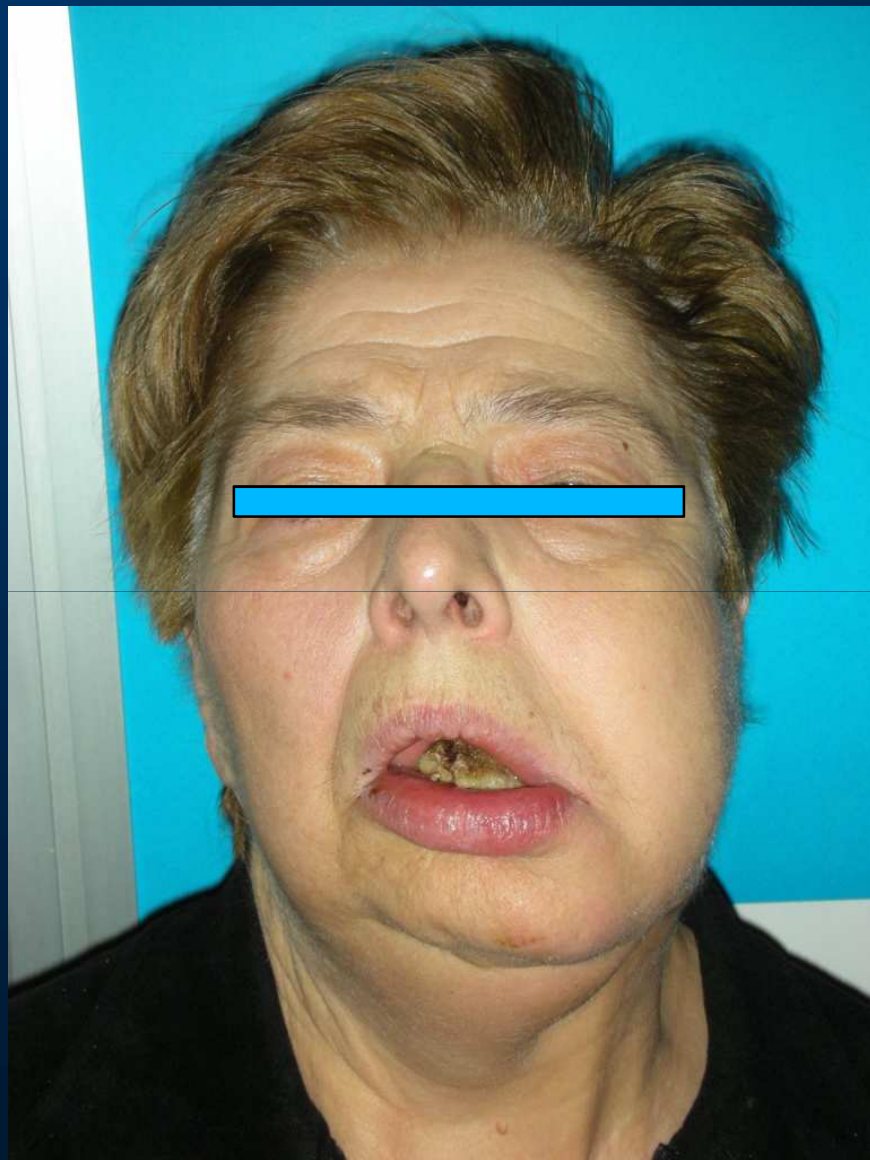
Aggravamento dello stato stuporoso,

Risoluzione spontanea dopo circa 4 ore

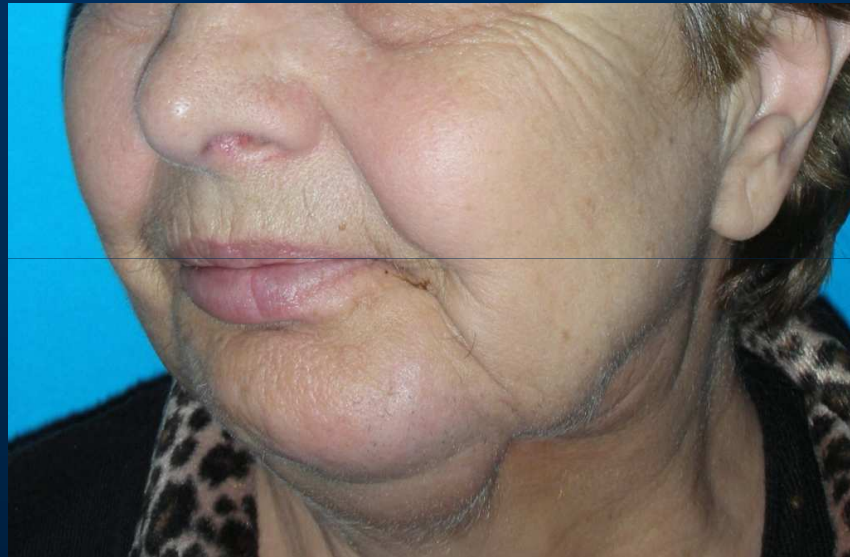


Controllo a 15 gg





DISCUSSIONE



*Case of Dr John P. Andrews,
The Occupational Diseases,
W Gilman Thompson, D Appleton &
Co, New York, 1914*

Considerable force was required to detach the bone from its connections, but it was not necessary to make any use of the knife;

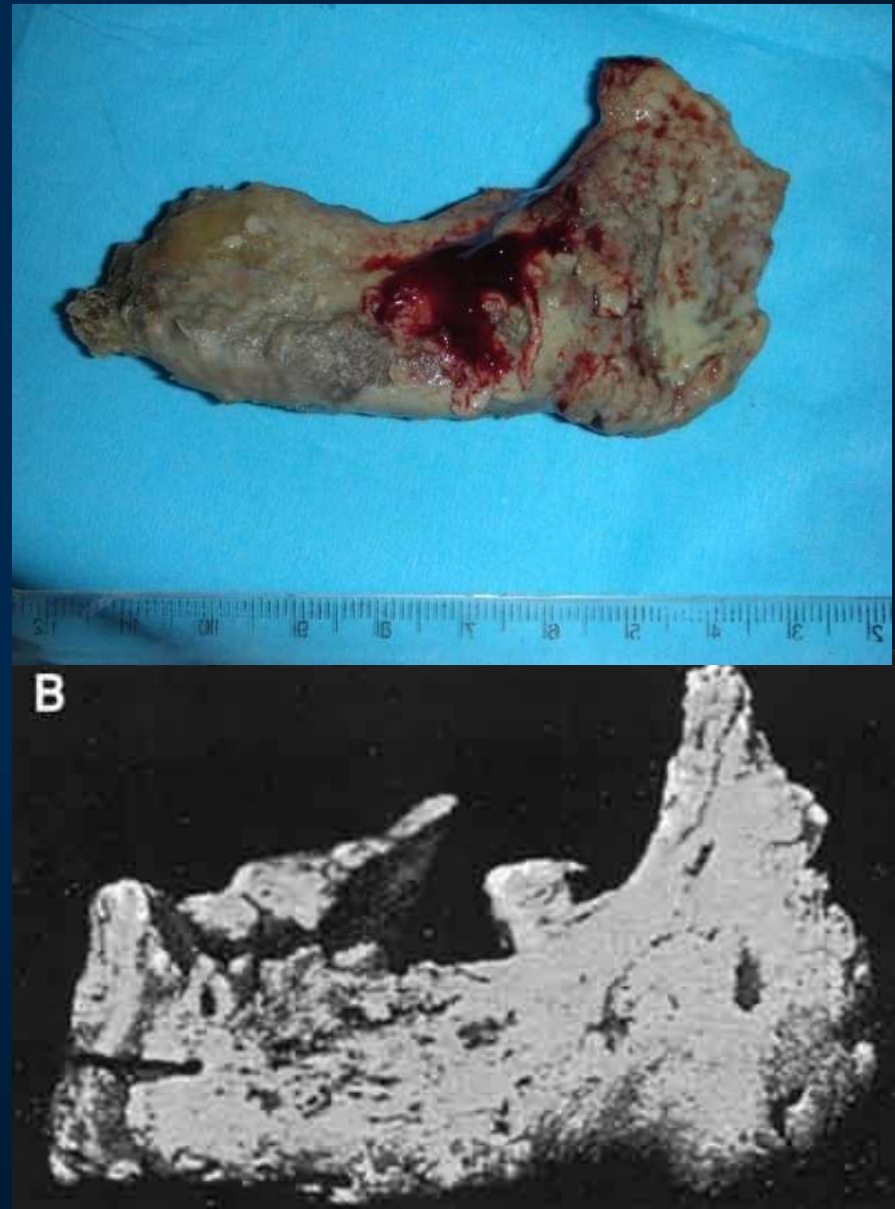
the dead bone came away completely denuded of soft parts and without the slightest remnant of periosteum.”

Sequestra described as porous and light in weight, and sometimes portrayed as either worm-eaten or pumice-like

Smith J: Case report. St Bart Hosp Rep 1:101, 1865

Simon J: Fifo Report of the Medical Officer of the Privy Council. HMSU London, 1863

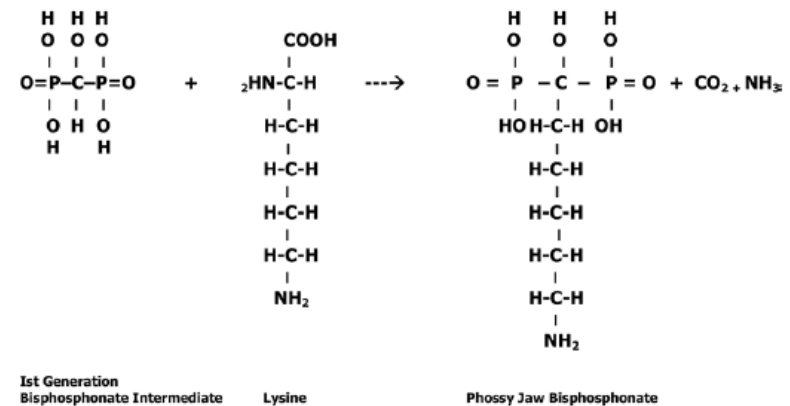
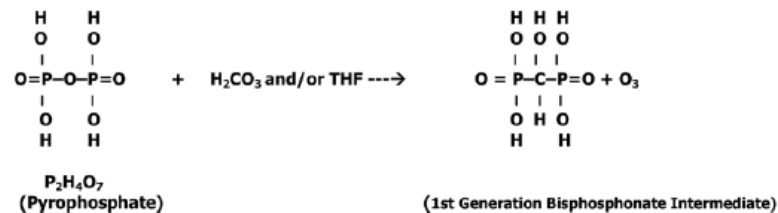
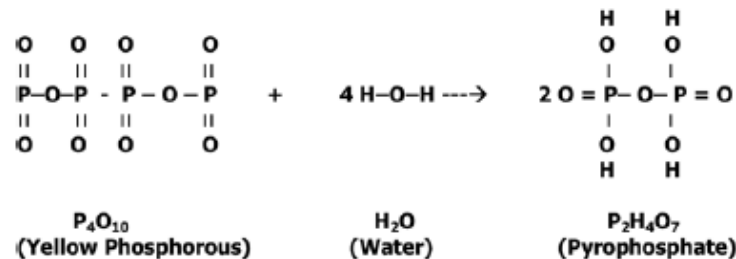
Miles AE: Phosphorus necrosis of the jaw: 'Phossy jaw.'
Br Dent J 133:203, 1972



Phosphorus necrosis of entire lower jaw excised by Mr McCarthy in 1884 (London Hospital Medical College Museum).

Uncovering the Cause of “Phossy Jaw” Circa 1858 to 1906: Oral and Maxillofacial Surgery Closed Case Files—Case Closed

*Robert E. Marx, DDS**



CONCLUSIONI

La notevole somiglianza del caso presentato con quelli della storia della medicina è senza dubbio suggestivo di una comune eziopatogenesi.

L'osteonecrosi è solitamente una condizione evolutiva il cui trattamento rimane estremamente difficile. Ci si scontra con la scarsa responsività alla terapia antibiotica e con l'attuazione di interventi chirurgici spesso demolitivi e difficilmente risolutivi.

In riguardo alla stadiazione è sufficiente soffermarsi ad un terzo stadio o si potrebbe introdurre un quarto stadio come nel caso della nostra paziente?

Infine, in caso di così ampie sequestrectomie, si pone il quesito del limite tra chirurgia conservativa e chirurgia estesa.