

ORAL SURGERY CARE



Fall 2020

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Colleagues and Friends,

Enjoy our quarterly newsletter with reviews of some current oral surgery literature.

If you have not taken advantage of the virtual Star of the North Meeting, it will be available until the end of the year. There are many excellent presentations, and I especially recommend Dr. Ken Hargreaves' talk about managing acute pain in dentistry. It is highly evidence-based but also contains practical, clinically useful information. All of the on-demand lectures are followed with a test, so they can qualify for Minnesota Board of Dentistry continuing education credit.



Oral Surgery Care

I wish you good health and success in getting your practice back to some semblance of normal in these trying times.

Best Regards,

Dr. Brent Florine

Oral Surgery Care

PS: Our November CPR refresher course has a few openings as of this writing. Call if interested.

Oral Lichen Planus has a Very Low Malignant Transformation Rate

Idrees M, Kujan O, et al.
J Oral Pathol Med. 2020 Jan 25

The malignant transformation (MT) potential of oral lichen planus (OLP) has sparked heated debates for almost a century, despite the fact that global figures of OLP prevalence and oral cancer incidence do not support an association mathematically. The authors conducted a systematic review and meta-analysis, using strict inclusion criteria, to more precisely assess the malignant potential rate of OLP and the influence of associated risk factors. All reports that documented MT of OLP and published in the English language until January 2020 were included if they met the following strict criteria: i) the presence of a properly verified OLP diagnosis, ii) a clear description of the cancerous lesion developing at the

same site as the verified OLP lesion; and iii) a follow-up period of a minimum of 6 months prior to carcinoma development.

Thirty-three studies were included in this analysis with a total of 12,838 OLP patients. Of these, 151 cases were initially considered to have progressed to carcinoma (1.2%). However, after applying strict criteria, only 56 cases were considered to have undergone MT from OLP (0.44%). The risk of MT was significantly higher among OLP patients who smoked, consumed alcohol, were seropositive for HCV, and/or displayed a red OLP subtype. *The authors results suggest that the reported OLP malignant transformation rates are exaggerated, and these do not reflect the actual clinical course of the disease according to strict clinical and histopathological criteria.*

Review and Update on Drugs Related to the Development of Osteonecrosis of the Jaw

Eguia A, Bagán-Debón L, et al.
Med Oral Patol Oral Cir Bucal. 2020 Jan 1;25(1)

Medication-related osteonecrosis of the jaw (MRONJ) is a rare, but serious adverse effect of certain drugs, of which bisphosphonates are the most widely known. This pathology is also associated with other medications such as the biologic antiresorptive agent, denosumab and some antiangiogenics such as sunitinib, bevacizumab or aflibercept. Very recently, new *continued on back page*

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School of Dentistry. He received postgraduate dental and oral and maxillofacial surgery training at Louisiana State University and Charity Hospital in New Orleans, and the University of Minnesota Hospitals and Clinics. He is certified as a Diplomate of the American Board of Oral and Maxillofacial Surgery and has practiced oral surgery in Eagan since 1987.

Osteonecrosis of the Jaw ...continued

medications have also been associated with osteonecrosis of the jaw (ONJ). The objectives were to update the list of medications associated with ONJ, to analyze the fundamental aspects of this list and to describe the level of evidence available. A narrative bibliographic review was made, using the PubMed-MedLine, DOAJ and SCIELO databases.

The latest drugs identified as potential facilitators of this pathology include a number of anti-VEGF based antiangiogenic drugs and anti-TKI and different types of immune-modulators. Neither the level of evidence in this association nor the risk are equal for all these drugs. On the other hand, over the coming years, new drugs will be marketed with similar action mechanisms to those that are recognized as having this adverse effect. *No effective therapy is currently known for the treatment of ONJ. Therefore, in order to prevent new cases of MRONJ, it is essential for all oral healthcare professionals to be fully up-to-date with the etiopathogenic aspects of this pathology and to be aware of those drugs considered to be a risk.*

Salivary Myeloperoxidase and Malondialdehyde are Increased in Patients Exhibiting an Asymptomatic Mandibular Impacted Third Molar

Camacho-Alonso F, Tudela-Mulero MR, et al.
Med Oral Patol Oral Cir Bucal. 2019 Jul 1;24(4)

The purpose of this study was to determine whether saliva is a good means of evaluating concentrations of oxidative stress biomarkers, analyzing the correlation between concentrations in saliva and in follicular tissue, and to compare biomarker concentrations in patients with one asymptomatic mandibular impacted third molar (MITM) (before extraction) with a healthy control, and to determine how biomarkers are modified by extraction. Eighty patients with one asymptomatic MITM and 80 healthy controls were included. Saliva samples were collected from all subjects (before extraction in the study group) to evaluate Myeloperoxidase (MPO) and Malondialdehyde (MDA) concentrations. Follicular tissues were obtained during surgery to measure biomarkers. One month after extraction, saliva samples were collected to assess changes of oxidative stress.

Salivary MPO and MDA showed positive correlation with concentrations in follicular tissue (MPO: =0.72; MDA: =0.92. Patients with asymptomatic MITMs showed higher salivary concentrations of oxidative stress biomarkers than healthy

control subjects, with statistical significance for both MPO and MDA. *One month after extraction, salivary biomarkers decreased significantly in the study group. Salivary MPO and MDA are higher among patients with one asymptomatic MITM, but these levels decrease significantly one month after surgical extraction. The large decrease in oxidative stress biomarkers could justify third molar extraction despite the absence of symptoms.*

Nonsurgical Management of Medication-Related Osteonecrosis of the Jaws Using Local Wound Care

Danny Hadaya, Akriyovula Soundia , et al.
J Oral Maxillofac Surg 2018 Nov;76 (11):2332-2339

Medication-related osteonecrosis of the jaws (MRONJ) is a known complication of antiresorptive medications with surgical and nonsurgical treatment options. The purpose of this study was to evaluate the effectiveness of nonsurgical therapy using local wound care on management of MRONJ lesions. The authors conducted a study of patients who presented to the University of California-Los Angeles School of Dentistry Oral and Maxillofacial Surgery Clinic for evaluation and treatment of MRONJ. The primary predictor variable was wound care score; secondary predictors were demographics (age, gender), anatomic location, primary condition, and type and time of antiresorptive treatment. Outcomes assessed were disease resolution and time to disease resolution. Appropriate statistical analysis was utilized.

One hundred six patients with 117 MRONJ lesions were treated using local wound care; complete disease resolution was observed in 71% of lesions, with an additional 22% of lesions undergoing disease improvement. Wound care score was statistically associated with disease resolution and time to resolution, whereas demographics, anatomic site, condition, and type and time of antiresorptive treatment had no effect on resolution. *Local wound care increased the likelihood of MRONJ resolution and decreased the time to disease resolution. This strategy can be used in patients who cannot undergo surgery and should be implemented in all patients with MRONJ lesions who are managed non-surgically.*

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