# Special Issue

# Surgical Treatment in Medication-Related Osteonecrosis of the Jaw in Elderly People

## Message from the Guest Editors

Bisphosphonate (BP)-induced avascular necrosis of the jaw was first reported by Marx in 2003, but among the various bisphosphonates used to treat osteoporosis, only those containing nitrogen cause avascular necrosis. This disease has been named bisphosphonate-related osteonecrosis of jaw (BRONJ), and many studies have been undertaken to determine its cause, but no definite pathogenesis has been elucidated so far. Research on MRONJ is being actively conducted worldwide. In 2014, the American Association of Oral and Maxillofacial Surgeons (AAOMS) reported that antiangiogenic and antiresorptive agents also cause avascular necrosis of the jaw and proposed that the disease be called medication-related osteonecrosis (MRONJ). These drugs cause MRONJ in the oral cavity, but those offer many clinical benefits, including a reduced incidence of skeletal-related events (e.g., pathological fractures and spinal cord compression) and a reduced need for radiation or surgery on bone.

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