Aims: Bisphosphonate-related osteonecrosis of the jaw (BRONJ) is defined as the persistence of exposed necrotic bone in the oral cavity for 8 weeks or more in patients with current or previous history of BP use, despite adequate treatment, and no local evidence of malignancy or prior radiotherapy in the maxillofacial region. Complete resolution of symptoms and partial clinical achievement should be the primary goals in the management of BRONJ. The objective of the present study was to describe the clinical data and treatment of 11 patients with completely regenerated BRONJ.

Methodology: This retrospective study included 11 patients who experienced oral complications after intravenous bisphosphonate therapy. The diagnostic procedure involved clinical and radiological examinations. The patients were treated by irrigation with oral rinses, nonsteroidal antiinflammatory drugs, long-term antibiotic therapy to resolve the infection, and non-aggressive surgical debridement of soft or hard tissues and sequestrectomy. Results: Complete healing, defined as the absence of any mucosal breaches and exposed necrotic bone, signs of inflammation and infection, and clinical complaints, was achieved in all patients. Conclusion: Dental professionals should be aware of this potentially serious complication in oral surgery patients receiving long-term treatment with BPs. Although the management of patients with BRONJ is quite challenging since no ideal treatment protocol has been established thus far, discontinuity of bisphosphonate therapy combined with surgical debridement to obtain clear and bleeding margins along with long-term antibiotic therapy administration is the treatment of choice for osteonecrotic lesions of the jaws.