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Osteonecrosis of Jaw in a Patient Transitioning from Bisphosphonates to Denosumab

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INTRODUCTION

Osteonecrosis of the jaw (ONJ) is a rare but severe side effect of anti-resorptive therapy with bisphosphonates or RANK-ligand antibody denosumab in patients with osteoporosis. Most patients with ONJ have a history of prior dental or oral surgical manipulation in contrary to spontaneous ONJ. Median time to development of ONJ varies with the type of bisphosphonate used. ONJ could occur as early as 10 months with intravenous bisphosphonates whereas about 4.6 years with oral bisphosphonates. In Denosumab treated patients the risk of ONJ seemed to plateau between year 2-3 whereas the risk of ONJ increased with duration of use of bisphosphonates.

CASE

A 66-year-old retired lady nurse with history of premature ovarian insufficiency at the age of 40 years old was noted to be osteoporotic at the age of 48 when she presented with a clavicle fracture. She was initially treated with hormone replacement therapy, raloxifene and subsequently put on alendronate for 9 years duration. She developed fracture of right metatarsal while on alendronate. Thereafter, she was switched to Denosumab for 3 years. She presented with painful swelling over right cheek and jaw for 3 weeks duration. She was confirmed to have ONJ Stage 3 and underwent debridement of necrotic bone of right maxilla. There was also fistula to the right maxillary sinus for which she required recurrent debridement and perioperative antibiotics before complete healing.

CONCLUSION

Transitioning antiresorptive therapy from bisphosphonate to denosumab may be an additional risk factor for developing ONJ. A study by Voss PJ et all showed those transitioning from bisphosphonate to denosumab had 3 times more relapses of ONJ compared to those on bisphosphonate monotherapy. In these patients, treatment was also associated with complications such as fistula. Continuous surveillance of risk factors and additional dental screening before transitioning should be initiated to prevent ONJ.

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A Rare Encounter of Suprasellar Abscess in a Young Woman: A Case Report

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INTRODUCTION

Sellar/suprasellar abscess is a rare entity. We report a case of an immunocompetent young woman with a suprasellar abscess.

CASE

A 29-year-old female with no known medical illness first presented with worsening headache for 1 year and amenorrhoea since her last childbirth. Her last childbirth was uneventful, which was 4 years prior to that. She breastfed for 3 years but remained amenorrhoeic subsequently. She developed episodes of headache since approximately 2 years postpartum. CT Brain reported a pituitary adenoma, size 1.7x1.7x2.2cm. MRI Brain reported a well-defined suprasellar lesion measuring 2.3x1.8x2.0cm, with homogenous enhancement on post contrast study. MRI conclusion was a pituitary macroadenoma. Her last preoperative hormonal workup was normal except for hypogonadotrophic hypogonadism. As she experienced persistent headache despite no other compressive symptoms i.e. no visual field abnormality, she underwent endoscopic transsphenoidal surgery. Operative finding was of thick pus seen after dura exposed. Post-operative diagnosis was pituitary abscess. There were no symptoms and signs of infection prior to or after surgery. She was treated with 1 week of intravenous antibiotics; cultures were negative. Postoperatively her headache resolved. Tissue histopathological examination revealed mucosal tissue. The initial MRI was then reassessed. An extra pituitary lesion was described, which compresses the pituitary gland inferiorly, with rim enhancement post-contrast. Noted another small lobulated lesion in the right sphenoid sinus with suspicious communication with the extra pituitary lesion. The neuroradiologist's impression was a suprasellar abscess, possibly ascending infection from sphenoid sinus or an infected hypothalamus/arachnoid cyst/stalk lesion.

CONCLUSION

Suprasellar abscesses are even more rarely described compared to sellar abscesses. Intraoperative findings require imaging correlation to confirm the diagnosis, as in this case.