



# The Korean medication-related osteonecrosis of the jaw position paper—a milestone toward practical, evidence-based guidance

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In December 2025, two academic communities—medicine and dentistry—witnessed an unusual yet meaningful event. An identical review paper on medication-related osteonecrosis of the jaw (MRONJ) was simultaneously published in *Endocrinology and Metabolism* and the *Journal of the Korean Association of Oral and Maxillofacial Surgeons*<sup>1,2</sup>. This dual publication, submitted by The Committee for the Korean Position Paper on MRONJ representing five Korean medical field societies, was not coincidental but a deliberate effort to ensure the rapid dissemination of updated, clinically relevant MRONJ guidance across disciplinary boundaries.

This simultaneous publication carries notable symbolic significance. It reflects the medical and dental academic community's growing recognition of MRONJ as an issue extending beyond dentistry, along with its collective commitment to establishing an integrated, Korea-specific clinical framework. At the same time, it acknowledges that the understanding and management of MRONJ remain continuously evolving.

The newly published position paper systematically reviews international developments since the initial description of bisphosphonate related osteonecrosis of the jaws (BRONJ) in 2003, integrating prior position statements and the 2022 American Association of Oral and Maxillofacial Surgeons (AAOMS) update. More importantly, it incorporates domestic epidemiologic data and clinical experience to create recommendations that are both evidence-based and grounded in Korean clinical reality.

One of the paper's most valuable contributions lies in its diagnostic clarification. While the traditional criterion of "bone exposure persisting for eight weeks" is retained, the committee wisely allows for earlier diagnosis when radiographic or clinical findings clearly confirm necrotic bone. Rather than discarding the controversial Stage 0 category, the committee redefines it as a "clinical alert" stage—highlighting the importance of vigilant monitoring and preventive management in patients presenting only subtle symptoms.

Equally noteworthy are the updates in preventive and perioperative management. In contrast to the 2022 AAOMS guideline, which avoided specifying drug holiday durations, the Korean position paper provides explicit recommendations by drug type and indication. For bisphosphonate users, a two-month preoperative drug holiday is suggested; for intravenous zoledronate, six to twelve months; and for denosumab, scheduling surgery three to four months post-injection and resuming injection six to eight weeks later, while keeping the total interval under nine months. These pragmatic timelines represent a carefully considered balance between surgical healing and systemic bone protection.

Perhaps the most transformative element is the shift in therapeutic philosophy. Moving beyond the conventional "conservative-first" doctrine, the committee advocates early and active surgical intervention at all stages. Complete resection of necrotic bone to a healthy bleeding margin followed by tension-free primary closure helps prevent disease progression and significantly reduces recurrence. Such assertive management—even in stage 1 cases where quality of life is affected—signals a decisive change in clinical thinking.

The section on adjunctive therapy also deserves close attention. Teriparatide is highlighted as the most evidence-supported pharmacologic adjunct for promoting MRONJ healing, particularly in combination with surgery. For the increasingly common occurrence of MRONJ in denosumab-

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treated patients, the paper proposes individualized, sequential osteoporosis management—such as teriparatide followed by raloxifene or alendronate—accompanied by regular DXA monitoring. This practical, mechanism-based strategy fills a gap left unaddressed by prior international recommendations.

Ultimately, the Korean MRONJ position paper stands as more than a mere guideline—it represents a collective academic consensus and a strategic step toward standardized, evidence-based, and context-specific care. By bridging global recommendations with local data, it provides both clinicians and researchers with a firm reference point for the next phase of MRONJ management. As future research deepens our understanding, ongoing updates will remain essential—not only for healthcare professionals treating MRONJ, but, above all, for the patients whose quality of life depends on it.

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### Conflict of Interest

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### References

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