Warning: bisphosphonates and osteochondromycosis of the jaws

Abstract
The aim of this article is to highlight the link between bisphosphonates and osteochemonecrotic lesions of the jaws (“osteochemonecrosis”) and to alert general practitioners to the implications these drugs may have on their day-to-day practice. We review the use of this class of drug, the indications for which have widened recently, describe their effect on bone metabolism and outline the proposed mechanism for bisphosphonate-induced osteochemonecrosis. Predisposing and initiating factors and management are outlined, and suggestions made as to how the dental profession can help with this increasingly prevalent problem.

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Irrigants in non-surgical endodontic treatment

**Precis:** This paper examines the requirements of an ideal root canal system irrigant and investigates the most effective contemporary protocol for chemical debridement and disinfection of the root canal system.

**Abstract:**
This paper highlights that one of the main goals of root canal treatment is the elimination of microorganisms from the contaminated root canal system. Instrumentation alone will not allow for adequate debridement and disinfection of the complex and diverse root canal system. Chemomechanical debridement is required. The importance of the use of irrigants during non-surgical root canal treatment has frequently been neglected both during instruction of dental students and later in the clinical practice of endodontics. The article highlights ‘shape, clean and fill’ vs. ‘clean, shape and fill’ to enable chemomechanical debridement. Our protocol advises mechanical debridement and copious irrigation for a minimum of twenty minutes with 2.5% to 6% solutions of sodium hypochlorite, followed by a rinse with a 17% solution of ethylenediaminetraacetic acid and a final rinse with 2% chlorhexidine. The canals are dried with high volume aspirators and sterile paper points.

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