

Lack of response to teriparatide therapy for bisphosphonate-associated osteonecrosis of the jaw: reply to Subramanian and Quek

J. Narváez

Received: 20 March 2012 / Accepted: 27 March 2012 / Published online: 12 May 2012
© International Osteoporosis Foundation and National Osteoporosis Foundation 2012

Dear Editor,

We thank Drs. Subramanian and Quek for their interest in our article [1]. We agree that concomitant drug therapy may offset the benefits of teriparatide treatment. However, their last two observations are speculative. In the six reported cases documenting the efficacy of teriparatide in ONJ resistant to conventional therapy, the clinical and radiological improvement was clear. Monitoring biochemical markers of bone remodelling or the use of SPECT/CT was unnecessary. The seeming improvement claimed to have been detectable is debatable, and was not detectable in CT studies performed before and after treatment in over 350 contiguous slices of 0.65 mm. There may be a role for teriparatide in the management of ONJ,

but the evidence in support of its use is limited to a small number of cases (level of evidence: 4, according to the Evidence-Based Medicine Oxford classification). To be able to obtain firmer conclusions, we suggest further studies are needed.

Reference

1. Narváez J, Narváez JA, Gómez-Vaquero C, Nolla JM (2012) Lack of response to teriparatide therapy for bisphosphonate-associated osteonecrosis of the jaw. *Osteoporos Int*. doi:[10.1007/s00198-012-1918-9](https://doi.org/10.1007/s00198-012-1918-9)

This reply refers to the comment available at doi:[10.1007/s00198-012-1995-9](https://doi.org/10.1007/s00198-012-1995-9).

J. Narváez (✉)
Department of Rheumatology, Hospital Universitario de Bellvitge,
Barcelona, Spain
e-mail: fjnarvaez@bellvitgehospital.cat

J. Narváez
e-mail: 31577edd@comb.es