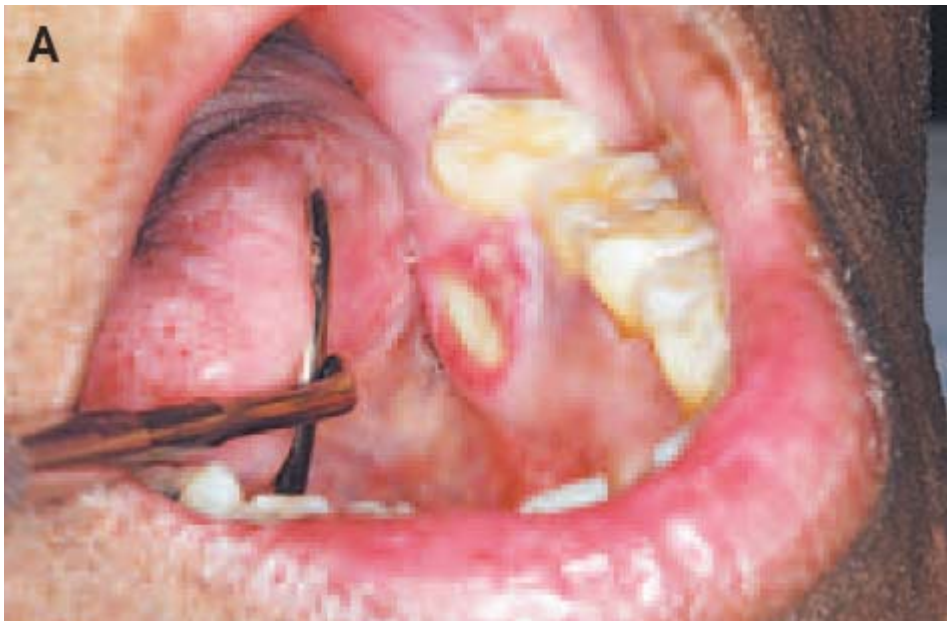
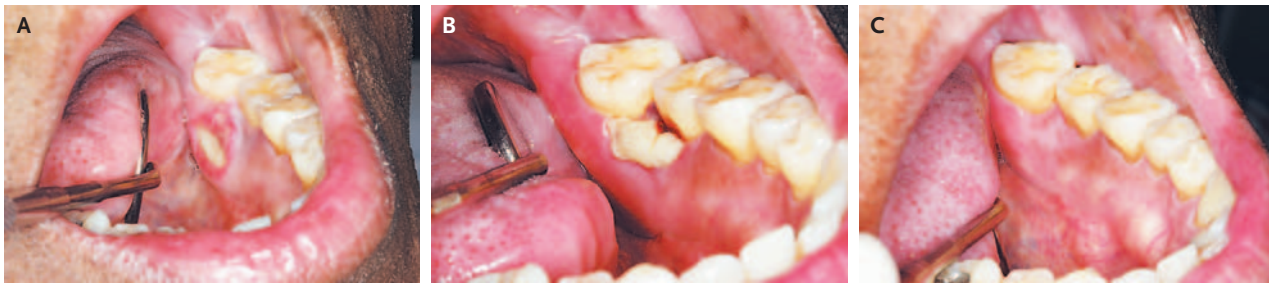


A 54 year old man with multiple myeloma, being treated with dexamethasone, lenolidamide, filgastrim, darbepoetin, and pamidronate, complained of severe bilateral jaw pain. What is the likely diagnosis?

IMAGES IN CLINICAL MEDICINE

Bisphosphonate-Associated Osteonecrosis of the Jaw



Nathaniel Treister, D.M.D., D.M.Sc.
Sook-Bin Woo, D.M.D.

Brigham and Women's Hospital
Boston, MA 02115
ntreister@partners.org

A 54-year-old man with a 3-year history of IgG myeloma, complicated by hypercalcemia, who was being treated with dexamethasone, lenalidomide, filgrastim, darbepoetin alfa, and pamidronate, presented with a 1-month history of severe bilateral jaw pain. He had no known bone involvement from his myeloma, nor did he recall any specific trauma to his jaw. Clinical examination revealed areas of exposed bone 1 to 1.5 cm in length with surrounding erythema on the posterior lingual mandible bilaterally (Panel A, lesion on the left mylohyoid ridge). A diagnosis of bisphosphonate-associated osteonecrosis of the jaw was made, and pamidronate, which he had been taking for 3 years without any change in the dose (infusion of 90 mg monthly), was discontinued. He was treated with clindamycin and chlorhexidine gluconate rinses for 3 months. At 2 months of follow-up, the bony lesions were larger, raised, slightly mobile, and asymptomatic (Panel B). At 4 months, both bony lesions were completely healed and the mucosa was reepithelialized (Panel C). At 1 year of follow-up, the patient remains free of lesions and symptoms, and his myeloma is stable without the use of pamidronate.

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