

## Euro Dentistry Congress 2019: Osteomyelitis of jaws: From diagnosis to treatment - Akram Belmehdi - Mohamed V University Rabat

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**Introduction:** Osteomyelitis (OM) is an inflammatory process of the bone. In the maxillofacial skeleton, usually both medullary and cortical bone are involved, hence the term is most often used to describe the inflammatory process in the basal and alveolar bone.

OMs are now rare in western European countries indicating not only the values of antibiotics and early treatment but the importance of predisposing factors such as poor nutrition, chronic debilitating illness and gross untreated disease.

OMs of the jaw can be a difficult disease to treat because the chronic forms have a marked tendency towards recurrence. OM of the jaw is not a singular entity. In the literature, two main types of OM are described. The presence of pus and/ or fistulas and/or sequestrations is characteristics of the suppurative variants, thereby distinguishing them from the non-suppurative variants, which are chronic inflammatory processes of unknown etiology.

**Material and methods:** The aim of this work is to report clinical case series of variant osteomyelitis received in the oral surgery department of the faculty of dentistry of Rabat which have been successfully managed and treated with combination of surgical approach and medical treatment.

**Discussion:** Recurrent clinical signs in advanced mandibular chronic forms are pain, with or without local swelling, trismus, halitosis, and labiomental hypoesthesia. A careful assessment must make the diagnosis and avoid therapeutic errors. The usual radiological features (conventional radiography, CT, magnetic resonance imaging [MRI]) are osteolysis, periosteal osteogenesis, sequestra and sclerosis in primary forms.

Spontaneous infectious evolution can be done early towards local, regional or general extension. Secondly, pathological fractures, delay of consolidation or transition to chronicity are possible.

**Conclusion:** Osteomyelitis is always considered to be a serious bone marrow infection with momentous morbidity and higher rate of recurrences. The early diagnosis and management help reduce the morbidity and extent of surgery. Surgical intervention will then enable the surgeon to harvest material for histopathological diagnosis and bacterial identification. Antibiotic sensitivity testing helps in the selection of the appropriate therapeutic agent, whereas serial imaging may be required to monitor the response of the patient to treatment and help determine its end point.