Author's response to reviews

Title: Osteonecrosis of the jaw - a rare side effect of annual bisphosphonate administrations for osteoporosis?: A case report

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Author's response to reviews: see over
RE: Re-Submission of a manuscript for publication in the “Journal of Medical Case Reports”

Dear Editor,

Thank you for sending us the reviewers comments on our above mentioned case report dealing with the occurrence of osteonecrosis of the jaw under annual infusions with zoledronic acid.

As recommended by the editors the case report has been completely revised by a native speaker in order to improve the language style.

Reviewer 1: Thank you for your comments.

Reviewer 2: I would like to ask the authors how, as they stated, is it possible to clearly differentiate histopathologically between osteonecrosis due to BP intake and osteomyelitis/osteonecrosis due to infection? Did the author use special methods to discriminate or has the diagnosis mainly confirmed by clinical signs?

Comment: Thank you for this comment. It is indeed a major drawback in the definition of ONJ that it mainly relays on anamnestic information and clinical signs. Histopathology is not yet part of the definition. These facts have been discussed extensively in the paper. The authors also tried to clearly state that the two major histopathological findings which are typical for ONJ (areas of necrosis beside areas with increased bone turn-over) were present. The respective part in the case presentation now reads:

*Histological evaluation revealed the typical hallmarks of an early ONJ lesion including areas of necrotic bone coinciding with signs of infections as well as areas with increased bone turnover (figure 2h).*
Please do not hesitate to contact us if you have any questions.

Yours sincerely,

Sven Otto, MD DDS