Froum SJ, ed. Dental Implant Complications. Etiology, Prevention, and Treatment. West Sussex, UK: Wiley-Blackwell; 2010.

What a great book! Dr Stuart Froum has gathered an impressive group of clinical experts and educators to produce this much needed text. This book is a compilation of the ''oops'' and ''uh-ohs'' of years of clinical research and, most importantly, of the treatment experiences of implant dentists.

Virtually all conceivable complications are covered, including: systemic issues, medications, case planning, implant fractures, esthetics, prosthetics, grafting, sinus surgery, occlusion, osseous implant surgery, immediate and flapless placement, maintenance, medico-legal, and, finally, a series of case analyses on how complications were successfully managed.

This book is a presentation of adverse outcomes. After reading it, the clinical implant dentist is armed with the knowledge of what a poor result is, how to manage one, and, most importantly, how to avoid one.

Every chapter ends with a valuable ''Take Home Hints'' summary and all chapters have excellent, clear and explanatory photographs, radiographs and illustrations.

This is a must have and must read for all dentists, whether or not they place or restore dental implants. The knowledge complied here is invaluable. All dentists need to be aware of an adverse treatment outcome for their own edification, and so that they may instruct their patients as to the risks of treatment.

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Seth R, Futran ND, Alam DS, Knott PD. Outcomes of vascularized bone graft reconstruction of the mandible in bisphosphonate-related osteonecrosis of the jaws. Laryngoscope. 2010 Sep 7. [Epub ahead of print]

This article has direct relevance to implant dentistry as it addresses the clinical entity and therapeutic challenges of bisphosphonate-related osteonecrosis of the jaws (BRONJ). The authors performed a multi-institutional retrospective review of cases involving segmental mandible resection for BRONJ when patients presented with intractable pain, fistulae, or pathologic fracture, and only after traditional conservative therapy had failed. Eleven patients met the inclusion criteria, with a mean patient age of 61.3 years and a median follow-up of 13.9 months. Each of the patients had previously undergone bisphosphonate therapy and presented with no other identifiable causes of BRONJ. Six of the cases involved zolendronate for metastatic breast/prostate cancers or multiple myeloma, two cases involved ibandronate for multiple myeloma or metastatic breast cancer; one case involved etiodronate for metastatic breast cancer, and 2 cases involved alendronate for osteoporosis. Preoperatively pathologic mandible fractures were present in 73% of the cases and orocutaneous fistulae were present in 36%. Patients underwent segmental mandibulectomy with margin disease clearance followed directly by osteocutaneous fibula free flap reconstruction. Postoperative wound complications were present in 4 patients (36%), the most common of which was fistula. All fistulas and infections resolved, with 1 patient requiring wound closure using a pectoralis myogenous flap.

There was postoperative radiographic evidence of graft union suggesting viable bone at the margin of resection. There was no postoperative evidence of BRONJ and no reoccurrences. It was of interest that for patients with a history of cancer, there was

no metastatic disease occurrence within the grafted bone.

The authors concluded, ''The use of bridging plates with or without local or distant soft-tissue reconstruction represents an important alternative in the treatment of mandibular necrosis, particularly if the resulting surgical defect is limited to the posterior body or ramus and if mortality from the underlying disease process is relatively rapid.'' This multi-intuitional review demonstrates the viable and effective use of a vascularized fibula bone graft for mandibular reconstruction to assist in the resolution of advanced, refractory BRONJ.

Implant Dentists should be aware of this option for the treatment of advanced BRONJ cases. BRONJ appears to be increasing in occurrence as the number of patients receiving these medications for longer time periods is rising.

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