

Supplementary Material 3

Radiologic Suspicion Levels Based on CBCT Findings

Suspicion Level	CBCT Criteria	Recommended Action
Low (Soundia et al., 2018)	1 isolated finding in a single quadrant	Routine follow-up in 12 months Soundia et al., 2018
Moderate (Moreno-Rabié et al., 2022; Kajihara et al., 2024, Simpione et al 2020)	≥2 findings in one region/quadrant	Avoid surgery; monitor CBCT in 6 months Kajihara et al., 2024 Moreno-Rabié et al., 2022 Wongratwanich et al., 2021 Simpione et al., 2020 present study
High (Pimolbutr et al., 2018; Ruggiero et al., 2022)	Findings in ≥2 quadrants or bilateral involvement	Refer to specialist; CBCT every 3–6 months Ristow et al., 2023 Ko et al., 2024 Pimolbutr et al., 2018 Ruggiero et al., 2022 Present study

Rationale for Inclusion of the Present Study:

The present study demonstrated multiquadrant involvement of CBCT features commonly associated with MRONJ—including osteosclerosis, cortical thickening, and trabecular coarsening—even in clinically unaffected regions of the jaws. Furthermore, significant associations were observed between these radiographic alterations and clinical risk factors such as oncologic diagnosis and intravenous antiresorptive or antiangiogenic therapy. These findings support the hypothesis of a systemic skeletal effect and reinforce the value of CBCT in identifying subclinical disease. Taken together, this evidence aligns with the moderate-to-high suspicion criteria for radiologic stratification, particularly in asymptomatic patients at elevated risk, and substantiates the proposed framework for early imaging-based risk classification.

Referências utilizadas no quadro:

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12. **Ozcan G, Guney Y, Ozcan C, Oyar O.** Evaluation of mandibular bone changes on dental panoramic radiographs in patients receiving bisphosphonate therapy. *Oral Radiol.* 2016;32:168–176.
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