THE INDICATION FOR ANTIBiotic prophylaxis IN dentistry

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INTRODUCTION
We still remember being dental students more than a dozen years ago and one of us had to provide fillings for a patient with patent ductus arteriosus. In those days, even the lecturer supervising the conservative treatment session had to consult the expert opinion from her colleague in the Department of Oral and Maxillofacial Surgery with regards to the best prophylactic antibiotic for this patient. We still remember prescribing 3 grams of Amoxycillin i.e. 12 tablets of pill to be swallowed 1 hour pre-treatment, followed by another dosage 6 hours later.

It seemed to us that the issue of who needs prophylactic antibiotics and what to give still intrigues our dental colleagues until today. To make the matter worse, there is no officially recommended regimen in Malaysia. It is therefore not surprising to find different dental colleagues using different regimens. To compound the matter, the cardiologists who refer sometimes have their own suggested dosage. It is thus, the intention of this article to review the current literature on the usage of prophylactic antibiotics in dentistry. Much emphasis will be given to prophylactic antibiotics against infective endocarditis as the dosage and indications vary from country to country. It is hoped that this review will provide a much-needed update for the dental profession in Malaysia. Please note that the information provided here is subjected to changes from time to time and you are advised to refer to the sources quoted in the references in case certain facts or description are not clear.

A. INFECTIVE ENDOCARDITIS AND DENTISTRY
Infective endocarditis (IE) is a microbial infection of the endocardial surfaces usually involving the cardiac valves. It is uncommon. The prevalence is 11-50 cases per million population per year. Because of this prevalence, there are those in the dental community who question the effectiveness of prophylactic antibiotics against infective endocarditis.