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Infective endocarditis of presumed dental origin and the NICE guidelines: An updated overview

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Introduction: Antimicrobial prophylaxis against Infective Endocarditis (IE) in patients undergoing interventional procedures is no longer recommended in the UK. The National Institute for Health and Care Excellence (NICE) guidelines published in 2008 has been object of significant controversy within the scientific community. A number of recently published case reports add on argument to the debate. We present a case of IE following dental treatment for which NICE guidelines were followed.

Case report: A 59-year-old gentleman presented with a 1 week history of general malaise, nausea, loss of appetite and lethargy after minimal exertion. Known mitral valve prolapse was reported, and an initial differential diagnosis included subacute bacterial endocarditis. An echocardiogram and *Streptococcus* mitis growth in the blood cultures supported the likely diagnosis. He was referred to the Oral and Maxillofacial Surgery Department where his previous dental history revealed dental treatment 1 month before admission. In line with the current guidelines, the patient did not receive antibiotics pre-operatively.

Discussion: Dental professionals should be able to recognize the signs and symptoms of IE. It is important to remain informed about such a pathological entity and be aware of its diagnosis and management. Patients with certain cardiac conditions who are at increased risk of developing IE still remain at risk, despite the recent change in the NICE guidelines. The promotion of preventive dentistry and medicine is crucial to reduce the overall risk of IE. The incidence of IE since this radical change in practice remains to be quantified and act upon. Involving patients in informed decision-making and individualization of cases when antibiotic prophylaxis is considered seem to be a more ethical approach.

Biography

Aitor de Gea Rico graduated from the University of Barcelona, School of Dentistry in 2005 where he received award of merit in 12 subjects including Oral Surgical Pathology. He received his equivalent to Masters of Dental Science from the same university in 2007. Later he moved to the United Kingdom to work as a General Dental Practitioner within the National Health Service for 3 years. While working as a Senior House Officer in Oral & Maxillofacial Surgery (OMFS) in Bristol and Birmingham (UK), he obtained the Diploma of Membership of the Dental Faculty of the Royal College of Surgeons of Edinburgh in 2010. He was awarded thelvor Whitehead Prize, by the British Dental Association West Midlands Hospitals Group in May 2011 for an oral presentation. He graduated in Medicine from Barts and the London School of Medicine, University of London, in 2014. He is currently in his first year of Foundation Training at Whipps Cross Hospital, London, as part of his continued training to pursue a career in OMFS. He has achieved a number of publications in peer-reviewed journals and has presented some of his work at a national and international level. He is a Member of the British Medical Association and British Association of Oral and Maxillofacial Surgery and has developed a particular interest in the treatment of patients under intravenous sedation.

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