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Antibiotic prophylaxis – Time with major changes

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Every patient suspected with infectious endocarditis (I.E.) is first asked: "When was your last visit at a dental clinic?" Does this still hold? During the last 50 years the prophylaxis protocols changed, limiting the amount and the length of time dental patients were treated with wide spectrum drugs. The indications for prophylaxis became more specific and focused, eliminating some. The super "intelligent" microorganisms adapted to the classical available antibiotics via genetic changes. Clinical and laboratory researches revealed uncertainties relating to our accepted protocols. Resistance, efficiencies, follow-ups, costs and side effects are gaining accent and raise crucial questions. Protocols recommended by the AHA and ADA are not any more accepted worldwide. The European NICE went one step farther and claimed that the accepted protocols should be radically modified: in fact prophylaxis being not necessary for the majority of patient undergoing "invasive dental procedures". In spite of the fact that the decrease in antibiotic prescriptions led to an increase in I.E. cases, the changes merit serious consideration. Incidence of I.E. increased significantly in England since the introduction of NICE guidelines in 2008. In November 2014 it was decided to review them!! Placebo controlled, multicenter randomized double blind studies have not been done. There are contradictory results relating to bacteriemia following administration of Erythromycin, Penicillin V and Clindamycin. 6 reports of fatalities due to anaphylactic reactions to single dose penicillin are known to the AHA!! The "adverse outcome" from I.E. is replacing the "predisposition for I.E.". The costs of treatment went sky-rocketing saving one year of life reached 800.000 USD. So, the NICE recommendations caused both dismay and confusion among dentists and patients. "Prophylaxis" is the Greek for "take precaution". If the precautions for the patients did not reach a consensus, did we take the appropriate precautions vis-à-vis the physicians, the legal instances and mainly our patients?

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Extraction socket grafting- A standard of care

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This presentation discusses the need for socket preservation in current regular dentistry. As professionals, it is our duty to give patients treatment options when the unfortunate prospect of an extraction looms. With the advance of bone grafting techniques and materials it has made procedures easier to perform and much more predictable. The outcome is that regular general dental practitioners who should be able to extract a tooth, should therefore be able to perform a socket graft, which in turn will offer an ideal alveolar crest, which gives the patient the benefit of being able to make an informed consent when deciding on treating the gap caused by the missing tooth. My goal is to create awareness for this fairly minor procedure in the hope that dentists will be able to add this procedure to their portfolios.

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