

Prevention of Infective Endocarditis From the Dentist's Perspective. Response

Prevención de la endocarditis infecciosa desde la perspectiva del dentista. Respuesta

To the Editor,

We have reviewed the letter which discusses, from the perspective of dentists, the controversy over the prevention of infective endocarditis and the confusion generated by the different recommendations.¹ The authors propose redefining the procedures that require prophylaxis, recommend disinfection with antiseptic solution before any dental manipulation, and disagree with the use of clindamycin as antibiotic prophylaxis.

Dental procedures are a recognized source of bacteremia. Recent American (2007) and European (2009) guidelines continue to specify them as the only situations in which antibiotic prophylaxis is recommended¹ and only in patients at high risk of endocarditis. The main controversy has its roots in the National Institute for Clinical Excellence 2008 guidelines, which recommended the elimination of antibiotic prophylaxis in all cases. The authors disagree with the European guidelines concerning their recommendations on the dental procedures that require antibiotic prophylaxis. However, the evidence is not clear² and in our opinion antibiotic prophylaxis could be justified in invasive dental procedures or in procedures requiring greater manipulation or perforation of the oral mucosa, leaving its use during other more specific techniques to the discretion of the dentist.

The guidelines are unanimous regarding the need to practice good oral hygiene and prevent periodontal disease.¹ In this line, we also think that disinfection with chlorhexidine solution before dental procedures is an appropriate measure, as proposed by the authors in a randomized clinical trial.

Finally, they also disagree regarding the use of clindamycin as prophylaxis since it is considered ineffective in preventing

bacteremia secondary to oral surgery. However, although this has also been observed with amoxicillin,³ both antibiotics are very effective in preventing viridans group streptococcus experimental endocarditis.⁴

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