



BRIAN SIMPSON, D.M.D. DIPLOMATE OF THE AMERICAN BOARD OF ORAL & MAXILLOFACIAL SURGERY
 113 NORTH MIDDLETOWN ROAD NANUET NY 10954 (845) 623-3497 FAX (845) 623-4039 drbriansimpson@optonline.net

Prevention of Endocarditis Guidelines from the American Heart Association

Although it has long been assumed that dental procedures may cause IE in patients with underlying cardiac risk factors and that antibiotic prophylaxis is effective, scientific proof is lacking to support these assumptions. The collective published evidence suggests that of the total number of cases of IE that occur annually, it is likely that an exceedingly small number are caused by bacteria-producing dental procedures.

Accordingly, only an extremely small number of cases of IE might be prevented by antibiotic prophylaxis even if it was 100% effective. The vast majority of case of IE caused by oral bacteria most likely result from random bacteremias caused by routine daily activities such as chewing food, tooth brushing, flossing, use of toothpicks, use of water irrigation devices, and other activities. There should be a shift in emphasis away from a focus on a dental procedure and antibiotic prophylaxis toward a

Regimens for a Dental Procedure			
Situation	Agent	Adults	Children
Oral	Amoxicillin	2g	50mg/kg
Unable to take oral medication	Ampicillin OR Cefazolin or Ceftriaxone	2g IM or IV	50 mg/kg IM or IV
	1g IM or IV	50 mg/kg IM or IV	
Allergic to penicillins or ampicillin—oral	Cephalexin*† OR Clindamycin OR Azithromycin or Clarithromycin	2 g	50 mg/kg
	600mg	20mg/kg	
	500mg	15mg/kg	
Allergic to penicillins or ampicillin and unable to take oral medication	Cefazolin or Ceftriaxone*† OR Clindamycin	1 g IM or IV	50 mg/kg IM or IV
	600 mg IM or IV	20 mg/kg IM or IV	
IM indicates intramuscular; IV, intravenous	*Or other first- or second-generation oral cephalosporin in equivalent adult or pediatric dosage. †Cephalosporins should not be used in an individual with a history of anaphylaxis, angioedema, or urticaria with penicillins or ampicillin.		

greater emphasis on improved access to dental care and oral health in patients with underlying cardiac conditions asso-

Continued on reverse

Dental Fun Fact

DID YOU KNOW THAT...

In ancient Egypt one finds the equivalent: *ibhy*—one who deals with the teeth—from the word for tooth

- *ibh* one who deals with the teeth

Another chief of dentists, *Khuy*, combined this speciality with proctology. In this capacity he was referred to as: “guardian of the anus”

- *Medicine in the Days of the Pharaohs* - Bruno & Halioua

News You Can Use

The FDA is warning consumers to throw out any Chinese toothpaste after it found a component of antifreeze in several products.

Because diethylene glycol (DEG) is not always listed in the ingredients on the package, the FDA says people should examine their toothpaste and discard any imported from China. So far there have been no reports of injuries from DEG-contaminated toothpaste, but there have been deaths in several countries from DEG-contaminated products like cough syrup. The

FDA is concerned about chronic exposure to DEG, particularly to vulnerable populations like children and people with kidney or liver disease. The following brands are affected by the advisory: Cooldent Fluoride, Cooldent Spearmint, Cooldent ICE, Dr. Cool, Everfresh, Superdent, Clean Rite, Oralmax Extreme, Oral Bright Fresh Spearmint Flavor, Bright Max Peppermint Flavor, ShiR Fresh Mint Fluoride Paste, DentaPro, DentaKleen, and DentaKleen Junior.

Prevention of Endocarditis: Guidelines from the American Heart Association

ciated with the highest risk of adverse outcome from IE and those conditions that predispose to the acquisition of IE.

Cardiac conditions associated with the highest risk of adverse outcome from endocarditis for which prophylaxis with dental procedures is recommended

- Prosthetic cardiac valve
- Previous IE

•Congenital heart diseases (CHD)*

• Unrepaired cyanotic CHD, including palliative shunts and conduits

• Completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or catheter intervention, during the first 6 months after the procedure**

• Repaired CHD with residual defects at the site or adjacent to the site of a prosthetic patch or prosthetic device (which inhibit endothelialization)

•Cardiac transplantation recipients who develop cardiac valvulopathy
*except for the conditions listed above, antibiotic prophylaxis is no longer recommended for

any other form of CHD
**prophylaxis is recommended because endothelialization of prosthetic material occurs within 6 months after the procedure.

The online version of this article, along with updates information and services, is located at <http://circ.ahajournals.org>

Dr. Brian Simpson

Invites You to Attend

“Treatment Planning for Implants”

- ♦ **Treatment planning and case presentation**
 - ♦ **Patient selection and patient work-up**
- ♦ **Case presentation of single unit posterior and fully edentulous mandible**
 - ♦ **Bone grafting**

Date: Wednesday, September 26, 2007

Time: 6 pm—8 pm (Please bring your implant cases)

Dinner and Presentation

113 North Middletown Road

Nanuet, NY 10954

Please RSVP by September 19, 2007

845-623-3497

“Let us not be content to wait and see what will happen, but give us the determination to make the right things happen.”

-Peter Marshall