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Are antibiotics required for endodontics?

for endodontics?...

Currently in medicine there is a problem of antibiotic resistance due to the over-use of antibiotics.

Clearly, if there are frank signs of real infection with a raised temperature and swelling, then antibiotics are indicated. However, the presence of pain itself is not an indication per se to reach for the prescription pad. Often the pain of endodontics in an emergency situation is due to an acute irreversible pulpitis – a hot pulp.



These are symptoms of real inflammation, not infection, and, consequently, analgesics and opening up the tooth are required. In this case, antibiotics can never be justified, as the most immediate pain relief can only be gained by opening up the pulp chamber and reducing tissue pressure.

Likewise, when swelling in soft tissues is evident, antibiotics may be valid, however, as in all of medicine, the ideal treatment is drainage. Should a swelling increase with no drainage, possibly either directly through the swelling or via the root canals, then antibiotics are certainly indicated. This is especially so if anatomically the spread of infection may compromise the airways.

Antibiotic prophylaxis has also been a contentious issue within the dental profession, often at odds even with the cardiologists. For years, so-called 'high-risk' patients were given large dosages of antibiotics prophylactically, even for routine scaling and for all endodontic procedures.

Guidelines have changed following the NICE recommendations and there are now very few absolute indications for antibiotics with the risk of anyphylaxis deemed to be higher than the actual procedure. Indeed, regular toothbrushing is deemed to be a higher risk due to repetitive exposure to bacteraemia with oral flora than dental procedures.

Many dentists regularly use steroidal/antibiotic mixes, such as Ledermix, as an interappointment canal dressing, arguing that it helps to reduce pain and infection. This is often used in inflamed teeth where it has not been possible to fully extirpate due to time or pain, and also in infected teeth that do not appear to be settling. These mixtures give a variable dosage of antibiotic, which may or may not be useful against the bacteria in a tooth, but is unnecessary in an inflamed tooth.

Antibiotics may also be justified in very infected cases with immuno-compromised patients, however, in general, we have been too generous with them and often confuse after-pain and bruising with infection.

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