

Endodontic Spotlight

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Summer 2021



Introduction

I hope everyone is enjoying this beautiful summer, and managing to stay cool and safe during this heat wave and coronavirus wave. In this issue we will review the recently published (May 2021) American Heart Association guidelines on the prevention of infectious endocarditis. This should be useful for all of us as we all encounter these patients and need to know how to properly manage their medical conditions.

Because of the importance of these guidelines, I encourage you to read the full article yourself, available here: <https://www.ahajournals.org/doi/10.1161/CIR.0000000000000969>. If you are a patient, you should consult with your dentist and physician to determine the appropriate course of action. This newsletter is directed towards licensed providers and does not constitute a recommendation for any treatment.

Wilson WR, Gewitz M, Lockhart PB, Bolger AF, DeSimone DC, Kazi DS, Couper DJ, Beaton A, Kilmartin C, Miro JM, Sable C, Jackson MA, Baddour LM. Prevention of Viridans Group Streptococcal Infective Endocarditis. *Circulation* 2021;143:e963-e978.

This Scientific Statement from the American Heart Association was designed to evaluate and update their 2007 guidelines regarding antibiotic prophylaxis to prevent endocarditis following dental care (which was also endorsed by the ADA in the JADA Supplement January 2008). The authors performed a review of the literature since 2007 to determine the impact the 2007 guidelines had on endocarditis and if the recommendations need to be adjusted. Overall they found that there was no increase in the incidence or in complications from infectious endocarditis since the guidelines were changed in 2007. Thus, “there are no recommended changes to the 2007 VGS IE [Viridans Group Streptococcal Infective Endocarditis] prevention guidelines.” In this paper they include a detailed description of the high risk cardiac conditions that require premedication and the recommended antibiotic regimen. Notably, although they previously stated no recommended changes to the previous guidelines, they have removed clindamycin from the list of second choice options for oral antibiotics (i.e. if the first choice option of amoxicillin is contraindicated). Interestingly, they discuss that shared decision making to premedicate is important and rests with both the provider and patient, and that there is “no proven benefit” from antibiotic prophylaxis to prevent infectious endocarditis. *SUMMARY: This 2021 AHA Scientific Statement on the prevention of infective endocarditis recommended no significant changes from the previous 2007 guidelines.*

Endodontic Spotlight is published quarterly by Steven C. Kwan, D.D.S., M.S.D.
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