

Over the years, the inappropriate use of antibiotics has resulted in resistant strains developing. Even more alarming is the faster rate of resistance development against new antibiotics. In order to stem the decimation of their effectiveness, it is necessary to challenge the common misconceptions about antibiotics:

- Antibiotics are curative
- Antibiotics are a substitute for surgery and increase your resistance to infection
- It is ideal to choose the best single agent or use multiple antibiotics
- Bactericidal is better than bacteriostatic
- Dosages, intervals, and duration are established and a "complete course" is necessary

Chronic use of antibiotics encourages bacterial resistance and may inhibit the efficiency of the host immune system. Antibiotics merely help re-establish a balance between invasive agents and the immune/inflammatory system. In order to 'cure' an infection of odontogenic origin the source must be eliminated via definitive treatment (i.e. surgical drainage, as well as physical débridement, irrigation, and medication of the canals). For a non-immune compromised person with an odontogenic abscess oral or IV antibiotics are warranted in conjunction with definitive treatment when:

- Fascial spaces are involved (cellulitis)
- Fever or malaise is present

Reserve multiple antibiotic regimens for an emergency situation when the fever or fascial space involvement is so severe there is no time to wait for the results of a sensitivity test.

Antibiotics need to be used sparingly as every use depletes their effectiveness. It is important to stop thinking which antibiotic will work best but to consider if one is necessary. This and previous newsletters are available on the Richmond Endodontic Centre web and Facebook pages. In addition, a version is available on the BCDA blog.

Regards,



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When prescribing an antibiotic please consider the following:

- A single bacteriostatic agent is ideal for those with a functional immune system
- A loading dose in order to achieve therapeutic blood levels within 12 hours
- A short duration as possible, most odontogenic infections linger for less than 7 days

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8am to 5pm - Monday to Saturday
Extended hours are also available

This newsletter and all of the previous newsletters are posted on our Facebook page 'RICHMOND ENDODONTIC CENTRE' and will be available on the updated web page (coming soon) at www.endodonticcentre.com and the BCDA Discussion Forum Blog.

If you have any questions about this or other newsletters please contact our office.