

PREVENTION OF BACTERIAL ENDOCARDITIS
RECOMMENDATIONS BY THE AMERICAN HEART ASSOCIATION
JAMA. 1997;277:1794-1801

TABLE 1. CARDIAC CONDITIONS ASSOCIATED WITH ENDOCARDITIS

Endocarditis Prophylaxis Recommended
High-risk category Prosthetic cardiac valves, including bioprosthetic and homograft valves Previous bacterial endocarditis Complex cyanotic congenital heart disease (eg, single ventricle states, transposition of the great arteries, tetralogy of Fallot) Surgically constructed systemic pulmonary shunts or conduits
Moderate-risk category Most other congenital cardiac malformations (other than above and below) Acquired valvular dysfunction (eg, rheumatic heart disease) Hypertrophic cardiomyopathy Mitral valve prolapse with valvular regurgitation and/or thickened leaflets*
Endocarditis Prophylaxis Not Recommended
Negligible-risk category (no greater risk than the general population) Isolated secundum atrial septal defect Surgical repair of atrial septal defect, ventricular septal defect, or patent ductus arteriosus (without residual beyond 6 mo) Previous coronary artery bypass graft surgery Mitral valve prolapse without valvular regurgitation* Physiologic, functional, or innocent heart murmurs* Previous Kawasaki disease without valvular dysfunction Previous rheumatic fever without valvular dysfunction Cardiac pacemakers (intravascular and epicardial) and implanted defibrillators

CLINICAL APPROACH TO DETERMINATION OF THE NEED FOR PROPHYLAXIS
IN PATIENTS WITH SUSPECTED MITRAL VALVE PROLAPSE

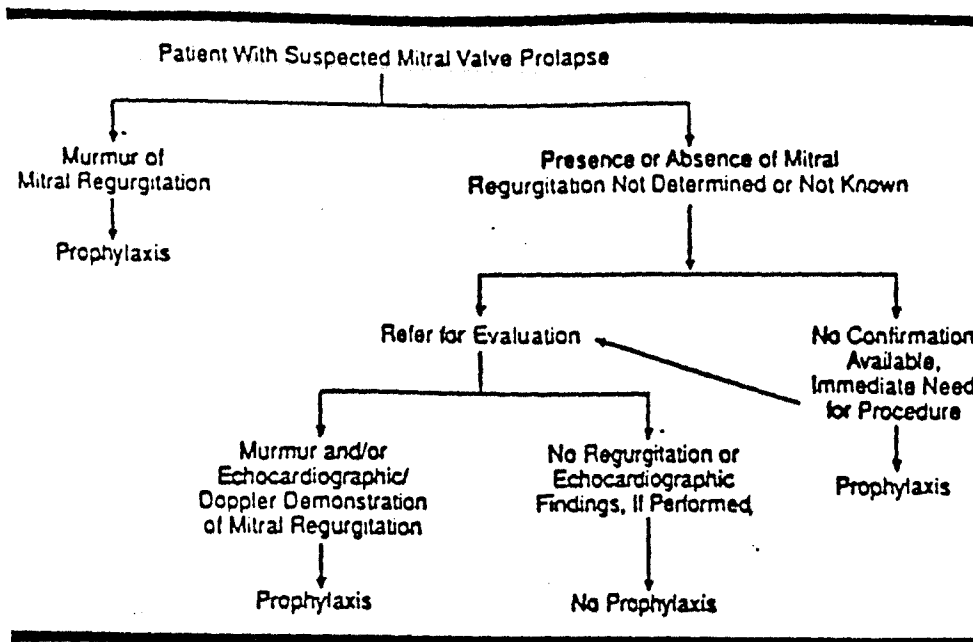


TABLE 2. DENTAL PROCEDURES AND ENDOCARDITIS PROPHYLAXIS

Endocarditis Prophylaxis Recommended*
Dental extractions
Periodontal procedures including surgery, scaling and root planing, probing, and recall maintenance
Dental implant placement and reimplantation of avulsed teeth
Endodontic (root canal) instrumentation or surgery only beyond the apex
Subgingival placement of antibiotic fibers or strips
Intraoral placement of orthodontic bands but not brackets
Intraligamentary local anesthetic injections
Prophylactic cleaning of teeth or implants where bleeding is anticipated
Endocarditis Prophylaxis Not Recommended
Restorative dentistry† (operative and prosthodontic) with or without retraction cords
Local anesthetic injections (nonintraalveolar)
Intracanal endodontic treatment; post placement and buildup
Placement of rubber dams
Postoperative suture removal
Placement of removable prosthodontic or orthodontic appliances
Taking of oral impressions
Fluoride treatments
Taking of oral radiographs
Orthodontic appliance adjustment
Shedding of primary teeth

TABLE 3. PROPHYLACTIC REGIMENS FOR DENTAL PROCEDURES

Situation	Agent	Regimen*
Standard general prophylaxis	Amoxicillin	Adults: 2.0 g; children: 50 mg/kg orally 1 h before procedure
Unable to take oral medications	Ampicillin	Adults: 2.0 g intramuscularly (IM) or intravenously (IV); children: 50 mg/kg IM or IV within 30 min before procedure
Allergic to penicillin	Clindamycin or	Adults: 600 mg; children: 20 mg/kg orally 1 h before procedure
	Cephalexin† or cefadroxil† or	Adults: 2.0 g; children: 50 mg/kg orally 1 h before procedure
	Azithromycin or clarithromycin	Adults: 500 mg; children: 15 mg/kg orally 1 h before procedure
Allergic to penicillin and unable to take oral medications	Clindamycin or	Adults: 600 mg; children: 20 mg/kg IV within 30 min before procedure
	Cefazolin†	Adults: 1.0 g; children: 25 mg/kg IM or IV within 30 min before procedure

*Total children's dose should not exceed adult dose.

POOR ORAL HYGIENE AND ORAL INFECTIONS MAY PRODUCE BACTEREMIA IN THE ABSENCE OF DENTAL PROCEDURES - OPTIMAL ORAL HEALTH SHOULD BE STRESSED BY THE DENTAL TEAM

UNANTICIPATED BLEEDING MAY OCCUR DURING DENTAL TREATMENT. ANTIMICROBIAL PROPHYLAXIS ADMINISTERED WITHIN 2 HOURS FOLLOWING THIS EPISODE MAY PROVIDE EFFECTIVE PROPHYLAXIS

IF A SERIES OF DENTAL PROCEDURES IS REQUIRED - MAXIMIZE TREATMENT WITHIN A PERIOD OF PROPHYLAXIS - OTHERWISE SPACE TREATMENT WITH 9-14 DAY INTERVALS

IF A PATIENT IS ALREADY TAKING ANTIBIOTICS USED FOR B.E. PROPHYLAXIS SELECT AN ANTIBIOTIC FROM A DIFFERENT CLASS FOR THE PRESENT ANTIBIOTIC PROPHYLAXIS

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ANTIBIOTIC PROPHYLAXIS IS NOT RECOMMENDED FOR PROSTHETIC JOINT REPLACEMENTS EXCEPT FOR CERTAIN PATIENTS POTENTIALLY AT RISK OF HEMATOGENOUS JOINT INFECTION

MICHAEL Z. MARDER D.D.S.