

Use of Antibiotic Therapy for Paediatric Dentistry: Foundational Articles and Consensus Recommendations, 2021

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IAPD Consensus Recommendations

The graded evidence base supporting the effectiveness of antibiotics in Paediatric Dentistry is scarce. Paediatric dentists should be conservative in the use of antibiotics and limit its use to the patient with signs of systemic infection, facial swelling, or for prophylactic use in some instances.

1. Generally, a full course of antibiotic therapy is around five to seven days. However, the ideal duration of antibiotic treatment is the shortest cycle capable of preventing both clinical and microbiological

recurrence. This will be around three to five days beyond the full recovery and improvement of signs and symptoms.

2. Dental provider should consider altering or discontinuing antibiotics following the determination of either its ineffectiveness or efficacy before completion of a full course of therapy so as minimize the risk of developing resistance to current antibiotic regimens.

3. Antibiotic treatment usually is not indicated if the dental infection is contained within the tooth or immediate surrounding tissues and have no signs of systemic infection or facial swelling.

4. Tetracyclines are of limited use in paediatric dentistry due to the risk of discoloration in the developing permanent dentition; therefore, with regard to dental indications, they should not be administered to children below the age of 12 years, pregnant women, and nursing mothers. Penicillin V or amoxicillin can be given as an alternative. In case of allergy to these drugs, either clindamycin, azithromycin, cephalosporin or clarithromycin may be used.

5. In healthy children, most dental infections resolve

by extraction or root canal treatment of an infected tooth; therefore, the best “antibiotic” may be the removal of the source of infection.

6. Before providing dental care of children with a medical condition or unfamiliar disorder, it is prudent to consult with the pediatrician, to evaluate the individual susceptibility to infections, immune status, risks of dental procedure, choice of antibiotic, and the duration of antibiotic coverage.

7. The International Association of Paediatric Dentistry (IAPD) endorses the American Heart Association’s (AHA) guideline on the prevention of infective endocarditis.