

## Use of Antibiotic Therapy in Paediatric Dentistry: Foundational Articles and Recommendations

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**Fauad AF, Abbott PV, Tsilingaridis G. et al.** International Association of Dental Traumatology guidelines for the management of traumatic dental injuries: 2. Avulsion of permanent teeth. Dental Traumatology 2020;36:331-342.

**Planells-del Pozo P, Barra-Soto MJ, Santa Eulalia-Troisfontaines E.** Antibiotic prophylaxis in pediatric odontology. An update. Med Oral Patol Oral Cir Bucal 2006;11:E352-357.

**Wilson W, Taubert KA, Gevitz M, et al.** Guidelines from the American Heart Association: A guideline from the American Heart Association rheumatic fever, endocarditis, and Kawasaki Disease committee. Circulation 2007;116(15):1736-1754.

## Background

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 their use to the patient with signs of systemic infection, facial swelling, or prophylaxis use in some instances. Generally, a 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, about three to five days beyond the full recovery and improvement of signs and symptoms. Before providing dental care to children with a medical condition or unfamiliar disorder, it is prudent to consult with their physician, to evaluate the individual susceptibility to infections, immune status, risks of dental procedure, choice of antibiotic, and the duration of antibiotic coverage.

## IAPD Recommendations

**1.** Antibiotic treatment may not be indicated with dental infections that are contained within the tooth or immediate surrounding tissues with no signs of systemic infection or facial swelling.

Consensus-based statement > Global agreement 91%

**2.** In healthy children, most dental infections may resolve without antibiotics by removal of the source of infection either by extraction or root canal treatment of the infected tooth.

Consensus-based statement > Global agreement 91%

**3.** Dental providers should consider altering or discontinuing antibiotics before completion of a full course of therapy, as a result of ineffectiveness to minimize the risk of antibiotic resistance.

Consensus-based statement > Global agreement 86%

4. Tetracyclines should be avoided, if possible, in

children below the age of 12 years, pregnant women and lactating mothers due to the risk of discoloration in the developing permanent dentition.

Consensus-based statement > Global agreement 95%

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

Consensus-based statement > Global agreement N/A

6. The International Association of Paediatric Dentistry (IAPD) endorses the International Association of Dental Traumatology guidelines regarding the use of antibiotics as part of the treatment of avulsed permanent teeth.

Consensus-based statement > Global agreement N/A