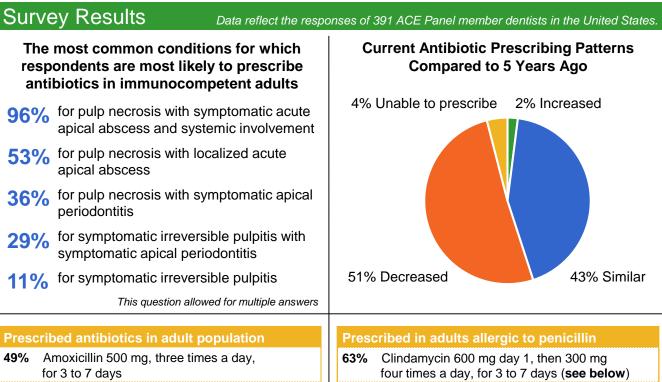
## ACE Panel Report Antibiotic Use in Endodontic Infections

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- 27% Penicillin VK 500 mg, four times a day, for 5 to 7 days
- **11%** Amoxicillin clavunate 875/125 mg, twice a day, for 3 to 7 days
- 7% Other amoxicillin regimens with a different dose, frequency or duration

## Prescribed in adults allergic to penicillin 63% Clindamycin 600 mg day 1, then 300 mg four times a day, for 3 to 7 days (see below) 14% Azithromycin 500 mg on day 1, then 250 mg daily on days 2 to 5 9% Cephalexin 500 mg, four times a day, for 7 days 9% Other clindamycin regimens with a different dose, frequency or duration

## Clinical Insight: Antibiotic Stewardship for Endodontic Infections

The key to successfully managing an infection of endodontic origin is through proper root canal debridement accompanied by disinfection and abscess drainage when swelling is present. Here are three reasons, in immunocompetent adults, to reserve systemic antibiotics to pulp necrosis associated with acute apical abscess and systemic involvement:

- Usually necrotic tissue ceases to receive blood supply, therefore systemic antibiotics may not reach the site of infection: thus the importance of debridement and drainage.
- □ Frequent, and unnecessary antibiotic use have been shown to increase multidrug-resistant organisms that affects 2 million people yearly and results in 23,000 deaths.
- □ Long term antibiotic use is associated with adverse drug reactions; in particular, Clindamycin can cause *Clostridium difficile* infection, which affects 453,000 people yearly and results in 29,000 deaths per Center for Disease Control and Prevention.

Segura-Egea JJ, et al. Int Dent J 2017;67(4):197-205, Durkin DJ, et al. JADA 2017;148(12):878-886, Elkareh, J. (2018) ADA Dental Drug Handbook: a Quick Reference Chapter 2. Antibiotics. Chicago, IL: ADA.

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