Intravenous Antibiotic: Potential Alternative for Restricted Oral Route during Removal of Third Molar

Chidambaram Ramasamy¹ and Dhanavel Jawahar²

¹Department of Prosthodontics, Lecturer, Faculty of Dentistry, AIMST University, Jalan Bedong-Semeling, 08100, Bedong, Kedah Darul Aman-Malaysia.
²Reception & Primary Care Unit, Faculty of Dentistry, AIMST University, Jalan Bedong-Semeling, 08100, Bedong, Kedah Darul Aman-Malaysia.

Correspondence:
Dr. Chidambaram Ramasamy
Department of Prosthodontics, Lecturer, Faculty of Dentistry, AIMST University, Jalan Bedong-Semeling, 08100, Bedong, Kedah Darul Aman-Malaysia.
E-mail: dr.ramasamyc@gmail.com
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Dear Sir,

Third molar popularly called as wisdom tooth has been a prime concern for oral and maxillofacial surgeons owing to its associated problems. The failure to erupt in oral cavity, because of mechanical obstruction leads to impaction (fusion) of tooth with jaw bone. Conservative care of the impacted tooth is not feasible, considering its unfavourable anatomy. Thus surgical removal of tooth remains the gold standard for impacted teeth. Furthermore, a host of factors such as occurrence of pericoronitis (localised infection surrounding wisdom tooth), secondary caries and debris lodgement complicate the scenario thereby requiring prompt service. Irrespective of the strict protocols undertaken, post-operative complications (alveolar oestitis and wound infection) have been reported in candidates.¹ In order to control the wound infection, oral clinicians have been pushed to administer antibiotic via oral or intravenous route. Literature contains ample evidence on the former mode of delivery with an unclear summary.¹ Meanwhile, neither a controversy prevails nor do valid documents exist on intravenous antibiotics. Less has been discussed on the impact of IV antibiotics in dental tributaries. This could be the possible reason for being unpopular among oral physicians. Current letter addresses the indications of IV antibiotics during third molar surgery to restore its unsupported preference.

In emergency circumstances (critical illness), oral delivery is restricted and demand prompt service for patients with severe infections. The potential alternative for oral route in such crisis is IV antibiotics. Indications of IV antibiotics are more applicable to impose compromised patients considering their increased risk to bacteremia. Oral intake is mutually affected because of ill-health and preference of IV route serves the purpose. At the same time, antibiotic prescription should be at reserve for high-risk candidates which include indwelling central venous catheter, prosthetic joint and compromised health.¹ It's on good belief that our communication would motivate the oral physicians to reconsider IV antibiotics and undertake new tasks in near future.

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REFERENCES

10. Ramasamy C. Cardinal decision for an endodontist to make: is not only, in which infection to use antibiotic, but whether to use one at all? Asian J Pharm Clin Res. 2014; 7(Suppl 1): 4-5.