Antibiotic Prophylaxis for Dentistry is Not Associated with Fatal Anaphylaxis

Editor – In a recent issue of *Clinical Medicine & Research*, Gopalakrishnan et al¹ analyzed the American Heart Association (AHA)² and the National Institute for Health and Clinical Excellence (NICE)³ guidelines for the prevention of infective endocarditis (IE) utilizing antibiotic prophylaxis. After reviewing these documents as well as others dealing with methods of preventing IE, they concluded that adverse events stemming from antibiotic use exceeded the benefits of antibiotic prophylaxis. Unfortunately they bolstered their argument by stating that there is “the risk...albeit infrequent [of]...anaphylaxis.”¹

In fact, the AHA report unequivocally states just the opposite. The AHA statement found on pages 1743-1744 specifically notes:

For 50 years, the AHA has recommended a [form of] penicillin as the preferred choice for dental prophylaxis for IE. During these 50 years, the Committee is unaware of any cases reported to the AHA of fatal anaphylaxis resulting from the administration of a [form of] penicillin recommended in the AHA guidelines for IE prophylaxis. The Committee believes that a single dose of amoxicillin or ampicillin is safe and is the preferred prophylactic agent for individuals who do not have a history of type I hypersensitivity reaction to a penicillin, such as anaphylaxis, urticaria, or angioedema.²

Furthermore, the NICE clinical guidelines report specifically notes on page 76 that “The studies included in this review that considered antibiotic prophylaxis against IE did not...identify any episodes of anaphylaxis.”³

Gopalakrishnan et al¹ are entitled to espouse their opinions relative to the appropriateness, or lack thereof, of administering antibiotics prophylactically to prevent endocarditis, but they should not raise the specter of anaphylaxis in defense of their position.

References

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