Prevention of Infective Endocarditis: Guidelines from the American Heart Association

Antibiotic prophylaxis is not recommended based solely on an increased lifetime risk of acquisition of IE Antibiotic prophylaxis solely to prevent IE is not recommended for GU or GI tract procedures Bacteremia resulting from daily activities is much more likely to cause IE (infective endocarditis) than bacteremia associated with a dental procedure

> Only an extremely small number of cases of IE might be prevented by antibiotic prophylaxis even if prophylaxis is 100% effective

Antibiotic prophylaxis is reasonable for procedures on respiratory tract or infected skin, skin structures, or musculoskeletal tissue only for patients with underlying cardiac conditions associated with the highest risk of adverse outcome from IE (see the table below)

ANTIBIOTIC PROPHYLAXIS IS NO LONGER RECOMMENDED FOR ANY OTHER FORM OF CONGENITAL HEART DISEASE (CHD), EXCEPT FOR THE CONDITIONS LISTED IN THE TABLE BELOW

Antibiotic prophylaxis is reasonable for all dental procedures that involve manipulation of gingival tissues or periapical region of teeth or perforation of oral mucosa only for patients with underlying cardiac conditions associated with the highest risk of adverse outcome from IE (see the table below)

Although these guidelines recommend changes in indications for IE prophylaxis with regard to selected dental procedures (see the original guideline document), the writing group reaffirms that those medical procedures listed as not requiring IE prophylaxis in the 1997 statement remain unchanged and extends this view to vaginal delivery, hysterectomy, and tattooing. Additionally, the committee advises against body piercing for patients with conditions listed in the table above and the "Target Population" field because of the possibility of bacteremia, while recognizing that there are minimal published data regarding the risk of bacteremia or endocarditis associated with body piercing

Table: Cardiac Conditions Associated With the Highest Risk of Adverse Outcome From Endocarditis for Which Prophylaxis With

Dental Procedures Is Reasonable

- Prosthetic cardiac valve or prosthetic material used for cardiac valve repair
- Previous IE
- Congenital heart disease (CHD)*
 - Unrepaired cyanotic CHD, including palliative shunts and conduits
 - Completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first 6 months after the procedure**
 - Repaired CHD with residual defects at the site or adjacent to the site of a prosthetic patch or prosthetic device (which inhibit endothelialization)
- Cardiac transplantation recipients who develop cardiac valvulopathy

*Except for the conditions listed above, antibiotic prophylaxis is no longer recommended for any other form of CHD.

**Prophylaxis is reasonable because endothelialization of prosthetic material occurs within 6 months after the procedure.

TO VIEW THE COMPLETE GUIDELINES CLICK ON THE LINK BELOW: Prevention of infective endocarditis: guidelines from the American Heart Association

American Heart Association Rheumatic Fever, Endocarditis, and Kawasaki Disease, American Heart Association Council on Cardiovascular Disease in the Young, American Heart Association Council on Clinical Cardiology, American Heart Association Council on Cardiovascular Surgery and Anesthesia, Quality of Care and Outcomes Research Interdisciplinary Working Group. Prevention of infective endocarditis: guidelines from the American Heart Association: a guideline from the American Heart Association Rheumatic Fever [trunc]. Circulation 2007 Oct 9;116(15):1736-54.

Antibiotic prophylaxis with dental procedures should be directed against viridans group streptococci:

Amoxicillin
Ampicillin
Cefazolin
Ceftriaxone
Cephalexin
Clindamycin
Azithromycin
Clarithromycin