



BRIAN SIMPSON, D.M.D., BRIAN BOVINO, D.M.D.

DIPLOMATES OF THE AMERICAN BOARD OF ORAL & MAXILLOFACIAL SURGERY

113 NORTH MIDDLETOWN ROAD NANUET, NY 10954 (845) 623-3497 FAX (845) 623-4039 www.drbrriansimpson.com

A Systematic Review on Effect of Single-Dose Preoperative Antibiotics at Surgical Osteotomy Extraction of Lower Third Molars

Recently a systematic review of randomized controlled trials (RCTs) to evaluate the effectiveness of a single dose of preoperative antibiotic administered orally, intravenously, intramuscularly, or topically for preventing infection and alveolar osteitis (Dry Socket) in lower third molar surgical extraction applying osteotomy was conducted

The Medline, Cochrane Library, and Embase databases were searched for RCTs until August 2015. The primary outcome measure was postoperative inflammatory reactions, with a subgroup analysis of surgical site infection (SSI) and alveolar osteitis. A risk-of-bias assessment of the included trials was done according to the Cochrane guidelines.

A total of 53 RCTs were identified; however,

only 10 could be included in the present review. A meta-analysis of the 10 trials showed a statistically significant reduction in SSI and alveolar osteitis when antibiotics had been used. A subgroup meta-analysis of 6 trials showed that preoperative administration of antibiotics orally or intravenously significantly reduced the incidence of SSI. A meta-analysis of 5 trials showed that 2 g of preoperative oral amoxicillin was able to reduce the incidence of SSI and the difference was statistically significant. Seven trials reported on alveolar osteitis, 6 studies on oral use, 2 studies on amoxicillin, 2 on metronidazole, 2 on penicillin V, and 1 on the intravenous use of penicillin. The pooled results showed that preoperative antibiotics significantly reduced the prevalence of

alveolar osteitis. The subgroup analysis showed that penicillin V was effective in reducing the incidence of alveolar osteitis.

A single oral dose of 2 g of amoxicillin before lower third molar osteotomy surgical extraction significantly decreased the incidence of SSI. A single dose of 0.8 g of penicillin V before lower third molar osteotomy surgical extraction significantly decreased the

incidence of alveolar osteitis.

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DENTAL FUN FACT

DID YOU KNOW...

ACCORDING TO THE RECENT AMERICAN ACADEMY OF COSMETIC DENTISTRY SURVEY, 92% OF AMERICANS BELIEVE THAT AN ATTRACTIVE SMILE IS AN IMPORTANT SOCIAL ASSET.

(<http://www.obteam.com/Fun-Facts.aspx>)

NEWS YOU CAN USE

Don't Use Tramadol and Codeine in Kids Under 12, FDA Warns

Children younger than 12 years should not take tramadol (multiple brands) or codeine, which pose the serious risk for slowed or difficulty breathing and death, the US Food and Drug Administration (FDA) announced today.

The FDA also is restricting the use of tramadol and codeine in children older than 12 years and is strengthening its label recommendation that breastfeeding mothers not take the two opioids because breastfed children could experience potentially fatal respiratory depression.

Tramadol is indicated for pain, while codeine is indicated for both pain and cough. The latter opioid is found in some prescription pain and cough medicines and in some over-the-counter cough medicines. The FDA has approved all tramadol-containing products and single-ingredient codeine only for adult use. However, some clinicians prescribe tramadol to children on an off-label basis.

The two opioids are problematic, the FDA said, because some young children metabolize the drugs more quickly than usual, causing life-threatening, high levels of the active ingredients that can lead to respiratory depression.

By Medscape and FDA, Thursday, April 20, 2017

Dr. Brian Simpson
announces the thirtieth meeting of the
NANUET IMPLANT STUDY GROUP

Speaker: Garry L. Bey, D.D.S
Private Practice in Endodontics
Pearl River, NY

“Endodontic Diagnosis and Root Canal Disinfection”

Tuesday, June 6, 2017

Dinner: 6:30 Presentation: 7:00 — 9:00 pm

Hudson House 134 Main Street Nyack, NY

**2 CE credits awarded by the Ninth District Dental Association
Cost: \$50.00**

**To register, please call: 845-623-3497
or email office@drbriansimpson.com**

*“The way to get started is to quit talking and begin doing.”
-Walt Disney*