

Letters to the editor

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Antimicrobial resistance Essential antibiotic guidelines

Sir, the UK government has published an action plan to control antimicrobial resistance (AMR) by 2040. A major focus of the plan is to address the inappropriate prescribing of antimicrobials by healthcare professionals.¹ In England, it is estimated that dentists prescribe 10% of all antimicrobials with evidence of inappropriate use including the use of unnecessarily broad-spectrum antibiotics and wrong antimicrobials for the microbiology of a specific infection.² National antibiotic guidelines for dental infections have been published by NICE,³ SDCEP,⁴ and FGDP² and RCS to support clinicians in both primary and secondary care.

WHO and NICE both state that health care providers including hospital trusts should develop local guidelines advising appropriate use of antibiotics.⁵ However, not all hospitals have such guidelines; for example, patients with dental abscesses. As Senior House Officer in Oral and Maxillofacial Surgery (OMFS) at Luton & Dunstable University Hospital, I noted a great variation in antibiotics prescribed for patients admitted with dental abscesses, dependent on who admitted the patient. Upon conducting an audit of 100 such patients, we found only 9% were prescribed antibiotics in accordance with national guidelines. Co-amoxiclav was prescribed for 82% of patients, despite guidelines discouraging the use of broad-spectrum antibiotics for dental abscesses. These results were highlighted at a clinical governance meeting and led to us liaising with the microbiology department to create new local trust guidelines. These are now available through the MicroGuide App for iOS and Google.

They state that antibiotics are not indicated for otherwise healthy people at low risk of complications when there are no signs of spreading infection and refer to the NICE guidance. The first line choices are Phenoxymethylpenicillin PO 500 mg six-hourly or Benzylpenicillin IV 1.2 g six-hourly. Concomitant treatment with Metronidazole should be considered if the infection is severe or spreading (lymph node involvement or systemic signs such as fever or malaise). In the case of penicillin allergy, use Clarithromycin PO/IV 500 mg 12-hourly with similar concomitant treatment as above.

A re-audit cycle was completed to assess our compliance with the new local trust and national guidelines, showing 58.2% and 64.9% of patients were prescribed antibiotics, respectively. Importantly, educating clinicians about antibiotic stewardship and highlighting our new trust guidelines reduced inappropriate prescription of broad-spectrum antibiotics by 50%. I encourage all trusts with an OMFS department to follow or create local guidelines to encourage appropriate prescription of antibiotics and help reduce AMR.

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Prosthetic dentistry Cantilevered prosthetic tusk

Sir, on a recent visit to Kerala, a southern state of India, we found dental solutions being effectively put to use in an elephant to replace a missing tusk. The elephant had lost its natural tusk and it was replaced with a fibre substitute which was cantilevered to the existing natural tusk with metal screws (Fig. 1). The artificial tusk was painted to achieve a proper shade matching for better aesthetics. This innovative solution resembles prosthetic options for replacing natural teeth and reminds us of human ingenuity to use dental techniques that can also benefit animals.



Fig. 1 A prosthetic tusk created for an elephant in Southern India

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