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Antibiotics for surgical prophylaxis

Editor, – I read with interest the article 'Antibiotics for surgical prophylaxis' (Aust Prescr 2005;28:38–40) and the accompanying Dental notes (Aust Prescr 2005;28:41). While I do agree that surgical removal of the third molar (most often impacted) may be technically classified as 'contaminated', I think we should be more cautious with regards to routine use of antibiotic prophylaxis for this procedure.

Jawbones somehow behave differently when exposed to oral flora as compared to other bones in the body. By experience, we know that the jawbones may be exposed to oral flora as a result of periodontal disease (bony involvement may be severe in advanced cases) or as a result of dental extractions, yet they hardly get infected. I believe these exposures somehow make jawbones more resistant to infection by the oral flora, at least in healthy patients. Most patients can therefore avoid infection following routine dental extraction from a 'contaminated' area without the need for antibiotics. This 'resistance' may also explain the rareness of osteomyelitis in the jawbones even though they are frequently exposed to various dental causes such as trauma, abscesses and severe periodontal disease. A review of the need for antibiotic prophylaxis in third molar surgery concluded that there is no justification for routine prophylaxis.[1]

In view of the popularity of dental implants (technically categorised as insertion of prosthetic material), I would like to highlight a Cochrane review, mentioned in the Australian Dental Journal[2], on the use of prophylaxis to prevent complications following insertion of dental implants. It has been suggested that there is no appropriate scientific evidence to recommend or discourage the use of prophylactic systemic antibiotics. As such, we are still left in the dark on the appropriateness of prophylactic antibiotics for dental implantation. If we were to follow the criteria for surgical prophylaxis, antibiotics would be used because a dental implant is a prosthetic device and is inserted in a 'contaminated' environment.

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Valediction

Robert Moulds

In April this year Professor Robert Moulds stood down as the chairman of the Editorial Executive Committee of *Australian Prescriber*. Professor Moulds first wrote for *Australian Prescriber* in 1982 and 10 years later he joined the Executive Editorial Board of the journal. The Board appreciated Professor Moulds' pharmacological knowledge and in 2000 he became the chairman.

Under Professor Moulds' chairmanship the journal made the transition from the Department of Health and Ageing to the National Prescribing Service. Professor Moulds helped to ensure that the journal's editorial independence was maintained after this transition.

The Editorial Executive Committee became truly international when Professor Moulds became the Professor of Medicine at the Fiji School of Medicine. Despite the travel involved he remained committed to *Australian Prescriber* and regularly returned to Australia to chair the editorial meetings. His valuable contribution over the years is greatly appreciated.