Correspondence

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Sir,

Neither the British Congenital Cardiac Association (BCCA) nor the British Cardiovascular Society (BCS) agree with the new guidelines for the prevention of endocarditis published by the British Society for Antimicrobial Chemotherapy (BSAC) Endocarditis Working Party. 1 In our view the changes to the existing guidelines are neither based upon science nor common sense and we do not commend these proposed changes to our members or the public.

If there were sound evidence to suggest that the risk of anaphylaxis outweighs possible benefit of antibiotic prophylaxis, then the correct recommendation would be to abandon antibiotic prophylaxis. The BSAC Working Party do not recommend that, so logic suggests that they must be of the opinion that invasive procedures known to induce bacteraemia do indeed pose a risk for certain patients. To recommend prophylaxis only in patients with previous endocarditis, prosthetic valves or implanted conduits, excluding those with high velocity intracardiac jets known to be at high risk of endocarditis (such as mitral regurgitation or ventricular septal defect), defies logical explanation. To go on to recommend prophylaxis in a very restricted group of patients even for dental procedures which do not involve gingival damage and are therefore unlikely to induce significant bacteraemia similarly defies logic.

We recognize that current guidelines from the UK, Europe and North America are based upon broad consensus rather than hard evidence. To change these recommendations on the basis of views of one small group (the BSAC Working Party) rather than science is likely to simply repeat the mistakes of the past. The BCCA and the BCS wrote to the BSAC Working Party setting out the reasons for our disagreements with their new recommendations well in advance of publication but our views were dismissed. To publish new national guidelines which fail to take into account the consensus of the UK cardiologists’ national professional body seems most unwise and is likely to cause much confusion in clinical and medicolegal practice.

We understand that the National Institute for Clinical Excellence (NICE) is considering undertaking a review of the evidence for the prevention of endocarditis and their involvement may help to resolve the current situation.

Transparency declarations

None of the authors has any conflict of interest.

Reference


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Sir,

Working Party guidelines were produced to update infective endocarditis (IE) prophylaxis guidelines based on current best evidence. 1 Three major studies 2–4 have failed to demonstrate a causative link between dental treatment and IE. As detailed in the guidelines, the risk of IE due to normal daily activities such as brushing of teeth or chewing is considerably greater than from a single dental procedure, 5 therefore even if prophylaxis were assumed to be 100% effective the overall benefit is negligible. This would also apply to moderate risk cardiac lesions. Of course, some cases of IE will occur following dental procedures 6 but they may not be directly related. Indeed the use of prophylaxis has not

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