

Huntington Village Implant & Oral Surgeons  
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on our [Next  
CE Seminar!!](#)

**Thursday**

**Jan. 25,  
2018**

3 CE Credits

“Simple  
Solutions for  
Financially  
Strapped  
Patients”

Presenter:  
Marc Gottlieb,  
DDS,

Registration/  
Dinner  
5:30 pm

Lecture  
6:00 - 9:00 pm

Knights of  
Columbus

9A Hewitt  
Square, East  
Northport, NY

This course is  
sponsored by  
the Suffolk  
County Dental  
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ADA-CERP  
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Cont. Ed. (CE)  
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ated PACE  
Program Pro-  
vider for the  
Academy of  
General  
Dentistry.

## Antibiotics: Third Molar Complications and Antibiotic Use

Lang MS, Gonzalez ML, Dodson TB: Do antibiotics decrease the risk of inflammatory complications after third molar removal in community practices? *J Oral Maxillofac Surg* 75:249-255, 2017

**Clinical Significance:** M3 extraction is one of the most common procedures performed in oral and maxillofacial surgery practices. Complication rates are generally less than 5%. However, this study showed that using an antibiotic of any kind and in any format lowered the risk for surgical site infection (SSIO) and alveolar osteitis (AO) compared to not using an antibiotic. Further studies that standardize the patterns of antibiotic delivery and follow up would help practitioners determine the optimal strategy for antibiotic use in third molar (M3) extractions.

**Background:** The value of using antibiotics for patients having third molar (M3) surgery has been debated for years. A 2013 Cochrane review indicated that prophylactic antibiotics diminish the risk of complications such as infection, dry socket, and pain after M3 extraction, although the occurrence of mild, transient adverse effects was increased. Most of the studies done have taken place in academic settings. This study sought to determine if there is an association between antibiotic use and postoperative inflammatory complications.

**Methods:** The 2,954 patients (mean age 26.4%; 47.5% male) underwent the removal of at least one M3 in a private practice setting by oral and maxillofacial surgeons in a community office-based private practice setting. The primary outcome was the presence or absence of an inflammatory complication after surgery. The specific complications measured were surgical site infection (SSI) and alveolar osteitis (AO).

**Results:** Antibiotic use was associated with a decrease of about 50% in the risk for postoperative inflammatory conditions compared to no antibiotic exposure. The overall inflammatory complication frequency (SSI or AO) was 5.0% for those receiving antibiotics and 7.5% for those not receiving antibiotics. The absolute risk reduction for a postoperative inflammatory complication was 2.5%. Risk for postoperative inflammatory complications was related to gender and operative difficulty score (ODS).

SSI frequency among those receiving antibiotics was 0.7%. AO frequency among those receiving antibiotics was 5.0, but that among those not receiving antibiotics was 7.5%. Absolute risk reduction for AO was 2.5%.

**Conclusions:** Regardless of how, when, how much, and which antibiotic was used, the risk for developing a postoperative complication after M3 removal was diminished by about 50% in patients who received antibiotics compared to those who did not.



