AMOXYCILLIN AND METRONIDAZOLE IN THE MANAGEMENT OF ACUTE ODONTOGENIC INFECTIONS

A CLINICO - MICROBIOLOGICAL STUDY

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Orofacial infections are mostly odontogenic in origin ranging from periapical abscesses to superficial and deep infections in the neck. They are of great concern to the maxillofacial surgeon because of the danger of spreading and causing complications. Although such infections are usually self-limiting and spatially confined, purulent material may occasionally burrow deeply into contiguous fascial spaces or planes far from the initial site of involvement. Apart from this, complications such as osteomyelitis, airway obstruction, infections of the carotid sheath, sinusitis, septicaemia, meningitis, brain abscess, cavernous sinus thrombosis, mediastinitis and distant metastatic foci of infections can occur.

Early recognition of such infections and appropriate therapy are essential. Hence a knowledge of the potential spectrum of pathogens as well as the regional resistance status is very important for rational chemotherapy. In recent years, improved culturing techniques and a greater choice of antibiotics have really paved the way for favourable results.

The bacteriology of acute dental infections has been in the midst of many a research. Most of these have arrived at the conclusion that aerobic or facultative anaerobic bacteria are the main pathogens. The basis for this conclusion has been the sensitivity of many of these organisms to penicillin which is widely considered as effective in the control of odontogenic infections.