Dear Editor,

We read the article “Current level of infective endocarditis prevention awareness among dentists and patients with artificial valves” by Pawlus et al. with interest [1]. They investigated infective endocarditis (IE) prevention awareness among dentists and patients with artificial heart valves. They demonstrated that almost all dentists indicated the need for dental IE prophylaxis for patients with artificial valves. They also report that most of the patients with artificial heart valves were aware of IE prophylaxis before dental procedures and about one third of the patients indicated the need for IE prophylaxis prior to invasive procedures other than dental care, in a patient with an artificial valve. We thank the authors for their enlightening analysis and we would like to contribute.

Pawlus et al. report in their study [1] that currently the only treatments that require IE prophylaxis are dental procedures. But, is it really so definite that dental procedures are the only treatments which require prophylaxis? The main pathology that requires prophylaxis for the prevention of IE is the presence of bacteremia [2]. Although the risk of bacteremia associated with dental procedures is higher than that for surgical intervention on the mucous membranes of the genitourinary system and gastrointestinal tract [3], the potential risk of transient bacteremia does not just follow dental procedures but also may occur after routine interventional procedures such as bronchoscopy and colonoscopy, and even after routine daily activities like tooth brushing. There are conflicting reports as to the significance of bacteremia caused by these interventional procedures in current clinical guidelines [4]. In addition, American Heart Association guidelines report that, “in high-risk patients with infections of the gastrointestinal or genitourinary tract, it is reasonable to administer antibiotic therapy to prevent wound infection or sepsis” [5]. Therefore, those clinicians concerned with infective endocarditis should keep in mind that some interventional procedures may lead to bacteremia changing in magnitude. Because of the bacteremia, some interventions other than dental procedures may require IE prophylaxis regarding patient conditions.

A second point that we want to make concerns fungal infections and their prophylaxis. Bacterial infections are not the only etiological substrate for IE. Fungal infections also carry great importance for the etiology of IE [6]. Therefore, the early diagnosis of fungal endocarditis through heightened diagnostic acumen is so vital and amphotericin B is a good option for these situations [6].

There is no conflict of interests.

References
Is it so definite that the dental procedure is the only treatment, which requires prophylaxis???
