

Dental Infections (Treatment)

Most infections are anaerobic but microaerophilic streptococci and rarely *Streptococcus pyogenes* or *Staphylococcus aureus* may cause unpleasant infections.

Sepsis

For most dental infections and post-operatively after maxillo-facial surgery

Metronidazole 400 mg PO 8 hourly for 5 days

If there is a suspicion of aerobic co-infection

Add Amoxicillin 500 mg PO 8 hourly
or Flucloxacillin PO 500 mg PO 6 hourly (if *S. aureus* is proven)
or Co-amoxiclav 625mg PO 8 hourly (No need for metronidazole in addition to this)
or Doxycycline 100 mg PO daily (useful for prophylaxis and pre-operatively)

Oral Candida

Establish the diagnosis microbiologically.

Not immunocompromised

Stop broad-spectrum antibiotics.
Amphotericin lozenges/suspension
Nystatin is relatively ineffective and is inactivated by chlorhexidine (Corsodyl[®]) mouthwash.

Paeds / neonates

Miconazole oral gel (see BNF for doses)

Immunocompromised

Oral hygiene is important.
Fluconazole 50 mg PO daily until symptom free
or
if seriously affected use Fluconazole IV
or Amphotericin B IV (i.e. 0.1 to 0.5 mg/kg dependent on renal function)

HIV patients

Refer to the appropriate guidelines for HIV patients

Angular Chelitis

Use

Trimovate[®] or Triadcortyl[®] cream (see BNF for doses)