

oral surgery
oral medicine
oral pathology

With sections on endodontics and dental radiology

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Important announcement from the American Heart Association

The American Heart Association (AHA) recognizes that its current recommendations for antibiotic prophylaxis are necessarily empiric.¹ This situation has arisen because important clinical information on the efficacy of antibiotic prophylaxis of bacterial endocarditis is lacking. The present recommendations are therefore based upon secondary sources of information, such as the relative propensity of various procedures to cause bacteremia, in vitro studies of bacteria recovered from the blood, the effect of antibiotics on bacteremias, the susceptibility of various heart lesions to infection, anecdotal case reports, and study of experimental models.

Although over thirty individual cases of apparent prophylaxis failure have been recorded in the literature, many of our colleagues have rightly pointed out that the evidence indicating that a significant number of prophylaxis failures actually occur is inconclusive. This question is of considerable medical and medicolegal importance because of the frequency with which measures to prevent endocarditis are called for and because of the serious consequences of failure to prevent the disease.

In an attempt to accumulate useful epidemiologic data, the AHA Committee has established a Registry to record cases of apparent failure of antibiotic prophylaxis of bacterial endocarditis. We are now soliciting case reports. Notification may be made on a simple preprinted postcard, which will require only identification of the patient and the name, address, and telephone number of the person referring the case. These postcards will be made available to physicians and dentists and to any other person or organization requesting them from the AHA or from one of us. Alternatively, a case may be reported directly to one of us, at the address or telephone number listed below. After notification, one of us will follow up with a telephone call in order to gather sufficient information to evaluate the case. All such information will be confidential.

Although there are obvious disadvantages to any retrospective evaluation such as this, the practical impossibility of conducting a prospective trial of different modes of prophylaxis has caused us to seek alternative

means of gathering data. We hope that a useful body of information may be accumulated, which may influence future recommendations for prophylaxis of endocarditis.

Sincerely,

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REFERENCE

1. American Heart Association Committee on Rheumatic Fever and Bacterial Endocarditis: Prevention of Bacterial Endocarditis, *Circulation* 56:139A, 1977.