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NEWSLINE

Gum disease linked to heart illness

By Tim Friend
USA TODAY

PHILADELPHIA — The most common strain of bacteria in dental plaque can cause blood clots that induce heart attacks when they escape into the bloodstream, researchers reported Monday.

Mark Herzberg of the University of Minnesota said the findings are the first to link bacteria to the formation of potentially fatal blood clots.

Previous studies had found the incidence of heart disease is about twice as high in people with periodontal disease, but scientists didn't know why.

"Now we show a potential biological reason," Herzberg told the 150th annual meeting of American Association for the Advancement of Science.

In lab tests, Herzberg and colleagues injected bacteria from dental plaque into the bloodstream of rabbits. The bacteria caused blood clots to form within minutes. Rabbits are a proven model for testing hypotheses about human heart disease and heart attacks.

Chronic inflammation of the gums due to plaque also could be involved in the inflammation of the lining of the blood vessels that is known to lead to the build-up of plaque in the arteries, Herzberg said.

Additional studies presented at

the meeting show that bacteria in plaque also are linked to:

- ▶ A potentially fatal disease called infective endocarditis in which the sac around the heart becomes inflamed.

- ▶ Lung infections in people with chronic lung diseases such as chronic obstructive pulmonary disease.

- ▶ A weakened immune system that can slow wound healing and diminish a person's response to vaccines against hepatitis B and influenza.

- ▶ A higher risk of giving birth to premature, low-birth weight infants.

Reducing risk of diseases linked to dental bacteria is a common lesson preached by dentists: Have the teeth cleaned regularly and floss daily. If necessary, have bone implants to replace dental bone lost from periodontal disease, says researcher, Frank Scannapieco, State University of New York, Buffalo. Bacteria reside in pockets caused by bone loss where the teeth are attached.

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Prophylactic Therapy for patients with heart problems

In heart patients with a history of Rheumatic Heart Disease, Congenital Heart Disease, and Heart Murmurs the primary dental concern is the increased susceptibility toward ineffective bacterial endocarditis (infection of the inner lining of the heart). As a result of dental instrumentation, bacteria normally found in the mouth can enter the blood stream. Bacteria in the bloodstream may lodge on damaged or abnormal valves such as are found in rheumatic or congenital heart disease or on endocardium near congenital anatomic defects, causing bacterial endocarditis.

The cardiac status of the patient should be evaluated by the attending physician and a copy of the written consultation placed in the dental record. For any intervening dental treatment that will cause bleeding, the administration of antibiotics prophylactically is a judicious precaution.

Patient's risk to develop infective endocarditis should maintain the highest level of oral health to reduce potential sources of bacterial seeding. Even in the absence of dental procedures, poor dental hygiene or other dental disease such as periodontal or periodical infections may induce bacteremia. Patients without natural teeth are not free from the risk of bacterial endocarditis. Ulcers caused by ill-fitting dentures should be promptly cared for since they may be a source of bacteremia.

Antibiotic prophylaxis is recommended with all dental procedures (including routine professional cleaning) that are likely to cause gingival bleeding. Chemoprophylaxis for dental procedures in children should be managed in a similar manner to the way in which it is handled in adults. Although not procedure, one exception to this is the spontaneous shedding of deciduous teeth; there is no data to suggest a significance risk of bacteremia accompanying this common event.

Devices that utilize water under pressure to clean between teeth and dental flossing may improve dental hygiene, but they also have been shown to cause bacteremia. However, bacterial endocarditis associated with the use of these devices has not been reported. Present data are insufficient to make firm recommendations with regard to their use in patients susceptible to endocarditis. However, caution is advised in their use by patients with cardiac defects, especially when oral hygiene is poor.

Several studies suggest that local gingival degerming immediately preceding a dental procedure provides some degree of protection against bacteremia. However, use of this technique is controversial, since gingival sulcus irrigation itself could theoretically induce bacteremia. If local degerming is employed, it should be used only as an adjunct to antibiotic prophylaxis.