# SPSO decision report

**Case:** **201105187, A Dentist in the Lothian NHS Board area**
**Sector:** health
**Subject:** clinical treatment / diagnosis
**Outcome:** not upheld, no recommendations


## Summary

Mr C visited a dentist several times in the summer of 2011 where he had seven teeth removed and two fillings. Around three months later, Mr C was admitted to hospital suffering from fever and was subsequently diagnosed with sub-acute bacterial endocarditis (a chronic bacterial infection of the valves of the heart) and underwent surgery.

Mr C complained that the dentist failed to prescribe him antibiotics despite Mr C having told him that he felt feverish after the first three teeth were extracted. Mr C said that a hospital doctor had commented that patients undergoing any form of invasive dental treatment should be administered antibiotics.

We noted that the dentist treated Mr C for infected sockets in June 2011 by washing them out with an antiseptic solution and packing them with a dressing. This form of treatment is in line with guidance issued by the Faculty of General Dental Practice. National guidance issued by the National Institute of Clinical Excellence recommended that antibiotics were only to be given routinely to a small minority of patients undergoing dental treatment who have a certain heart defect. As Mr C had no previous medical history, such as a heart condition, that would require administering antibiotics before or after the tooth extractions, we considered that the dentist acted appropriately and in line with the national guidelines.

Mr C's dental records showed that he was given antibiotics in July 2011 but there was no reason given as to why these were prescribed. The dentist later explained that they were given because infection of the sockets had persisted, which we considered reasonable.

Mr C's hospital records showed that the endocarditis was caused by Strep Viridans (a bacteria found in the mouth and throat of most people). The bacteria can enter the bloodstream following a dental extraction but is usually killed by the body's immune system in a healthy person. It is normally only a problem for those with a compromised immune system or pre-existing heart defect, neither of which Mr C had at this time. We considered that it was highly likely that Mr C was infected by the bacteria following the dental extractions and that, for unknown reasons, his immune system was unable to respond to the bacteria, resulting in his endocarditis. However, this did not mean that the dental extraction was carried out incorrectly, nor that he should have been given antibiotics.