Dental Workup Before Cardiac Surgery: Must or Risk

To the Editor:

I read with great interest the article by Smith and colleagues [1] and the invited commentary by Unsworth-White. As a cardiac surgeon and dentist, allow me some remarks.

The indication for any dental work before cardiac surgery should be clearly defined and this is especially true for dental extractions. It is not poor dental hygiene with some caries lesions, but it is the periodontal infection and the apical abscess which is the critical antecedent. The infection, then, should be treated and this is especially true for dental smokers who present with hemodynamic instability around the dental treatment as a possible reason. Moreover, coronary surgery is less prone to perioperative complications compared with valvular replacements. Further, 4 patients developed cerebrovascular accident and one must consider a critical coronary lesion in conjunction with adverse events, 4 suffered from acute coronary syndrome with hemodynamic instability around the dental treatment as a possible reason. Moreover, coronary surgery is less prone to perioperative complications compared with valvular replacements.

The indication for a preoperative dental treatment should depend on the individual situation of the patient. Is the patient in a stable or unstable condition, does he (or she) need coronary surgery, or does he (or she) have a critical coronary lesion or a critical aortic or valvular lesion? The indication for perioperative dental interventions and especially (multiple) extractions, should be performed by a team of oral surgeons and if necessary anesthesiologists in close proximity to cardiac surgeons with experience in hemodynamic monitoring.

In conclusion, I agree with the commentary to question the “Accepted Wisdom.”

This should not lead to a neglect of dental infections and their treatment prior to cardiac surgery but to a careful and individual indication within a specialized team, which is similarly true for the guidelines on endocarditis prophylaxis.

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Reference


Reply

To the Editor:

We read with great interest the insightful comments afforded by Dr Moosdorf regarding our article on perioperative dental care in cardiovascular surgical patients [1]. Dr Moosdorf provides a very unique perspective on this topic as both a dentist and cardiovasularian. We strongly agree with Dr Moosdorf that an individualized and integrated approach to perioperative dental evaluation and treatment is critical in providing the right procedure for the right patient at the right time. Preoperatively, this requires recognition of relevant dental disease and potential interventions in the context of the planned cardiac operation. The purpose of our article “Morbidity and mortality associated with dental extraction before cardiac operation” [2] was to determine safety and risk of such procedures. The study reviewed only patients undergoing oral surgical treatments, not nonsurgical dental treatments. We agree with Dr Moosdorf that the findings presented in this study should alert physicians that surgical interventions are not benign, prompting cautious consideration of appropriateness and timing for such procedures in cardiac surgical patients. We concur with Dr Moosdorf that an integrated care team model should be exercised to optimize care for comorbid patients undergoing dental extractions, especially those felt to be at higher risk for perioperative complications. Care for these patients at our institution includes collaborative planning and discussion between the cardiac surgery, oral surgery, and anesthesiology teams.

Again, we thank Dr Moosdorf for his insight and expertise.

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References
