

# Use and misuse of antimicrobials in pediatric dentistry

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<https://doi.org/10.5577/jomdi.e250067>**Abstract**

The prescription of antimicrobials is a common practice in pediatric dentistry for the management of oral infections, trauma, and prophylactic indications. However, inappropriate use and misuse of these agents remain a significant concern, contributing to antimicrobial resistance, adverse drug reactions, and unnecessary exposure in children. The aim of this review was to evaluate the appropriate indications, clinical considerations, and common causes of misuse of antimicrobials in pediatric dental practice, with particular emphasis on antibiotics and analgesics. Children present unique anatomical, physiological, and behavioral characteristics that influence drug selection, dosage, and administration. Antibiotics are indicated primarily in cases of spreading odontogenic infections, facial cellulitis with systemic involvement, specific traumatic injuries, salivary gland infections of bacterial origin, and selected medically compromised conditions requiring prophylaxis. In contrast, antibiotics are not indicated for localized dental conditions such as irreversible pulpitis, necrotic pulps, localized apical abscesses without systemic signs, plaque-induced gingivitis, or viral infections, where definitive dental treatment and local measures are sufficient. Despite clear guidelines, antibiotic overuse in pediatric dentistry is frequently driven by misdiagnosis, time constraints, parental pressure, and insufficient knowledge of evidence-based indications. Such practices increase the risk of antibiotic resistance and may delay definitive dental care. The review also discusses the role of analgesics and anti-inflammatory drugs in pediatric dentistry, emphasizing that pain management should primarily rely on agents such as acetaminophen and ibuprofen rather than antibiotics. In conclusion, antimicrobials play an essential but limited role in pediatric dental care. Judicious prescribing based on accurate diagnosis, clinical severity, and established guidelines is critical to minimize misuse. Increasing practitioner awareness, improving education, and adhering to evidence-based protocols are key strategies to promote rational antimicrobial use and safeguard both individual and public health.

**Keywords:** Antimicrobial, misuse, overuse, antibiotics, analgesics, pediatric dentistry

## 1. Introduction

In the dentistry field, there are several categories in which dentists prescribe specific medications to overcome a lot of oral diseases and conditions. Infections related to bacteria, fungi, or viruses, as well as pain, could be accepted among these conditions. Similarly, pediatric dentistry focuses on the oral health of infants, children, and individuals with special healthcare needs. At this point, the administration of drugs to pediatric patients becomes more complicated and challenging (1, 2).

Antibiotics are the most commonly prescribed drugs for children and adults. According to the latest report of the American Academy of Pediatric Dentistry (AAPD), inappropriate overuse and misuse of antibiotic prescriptions are emphasized, and the main clinical conditions requiring antibiotics are addressed. Furthermore, the rise in antibiotic-resistant microorganisms and the risk of adverse drug interactions are discussed (3).

Thus, the main aims of this review are highlighted to address the healthy administration of drugs, including specifically antibiotics and analgesics, in the field of pediatric dentistry. Furthermore, their overuse, misuse, and clinical conditions in pediatric dental practice are focused.

## 2. Antibiotic therapy in pediatric dentistry

Antibiotics are chemical substances produced by microorganisms to kill or suppress the growth of other microorganisms at very low concentrations (4, 5). In general, antibiotics are the most frequently preferred and prescribed drugs in dental practice for both prophylactic and therapeutic purposes (6). Prophylactic antibiotics are administered to prevent the occurrence of diseases related to host microorganisms if the host defense mechanism is compromised. Prophylactic antibiotics are commonly prescribed for specific diseases, such as infective endocarditis. In contrast, antibiotics prescribed for therapeutic reasons are used in dentistry for oral infections (odontogenic or non-odontogenic) (2, 7).

Antibiotic therapy in pediatric dentistry has become more important, and several special characteristics of children must be considered before antibiotic treatment. These differential characteristics of children's points can be listed as (8, 9):

- Having more water in children's tissues and a more spongy structure in their bones creates a more suitable environment for infections to spread more rapidly.
- The lack of medical antecedents can increase the risk of drug allergies or other adverse

reactions. Therefore, it is crucial to make adequate dosage adjustments to the prescribed medications.

- Foods with a high sugar content for children contribute to the growth of bacteria in the oral region. Hence, the possibility of bacteremia increases following various dental procedures in children.

Furthermore, the prescription of an antibiotic in a child is related to the pathogens against which the drug is effective, its working mechanism is positive, and adverse effects must be in question. In addition to age, mode, and medical conditions of administration, taste, odor, and color of the prescribed drug, body surface area must be carefully investigated before prescription for children (9).

## 3. Management and specific clinical circumstances for antibiotic usage in pediatric dentistry field

First of all, under the following considerations, the antibiotic prescription should be kept (8-10):

- The severity of the infection
- The situation of the patients' immune system. Children who have immune compromised concerns could not be resistant to bacteremia following invasive dental treatments.
- If the process progresses rapidly from moderate to severe inflammation with severe pain, or if the pediatric patient has a fever history, antibiotics should be prescribed as an adjunctive treatment.
- In the case of an aggressive infection that expands to the facial extraoral areas, it is indicated that the host's defensive mechanism has failed.

### 3.1. Oral wounds

Host risk factors (e.g., age, systemic disorders, malnutrition) and wound types must be considered when determining the possibility of infection and the subsequent requirement for antibiotics. Topical antibiotic agents are required in cases of facial lacerations and puncture wounds. Intraoral puncture wounds and facial lacerations that have been contaminated by extrinsic bacteria, debris, foreign objects, open fractures, and joint injuries have increased infective potential, and these conditions should be treated with systemic antibiotics. If antibiotic therapy is thought to be beneficial, the timing of administration is crucial for supporting host defense and bacterial killing when administered immediately (3, 11).

### 3.2. Pulpitis / Necrotic Pulp / Apical Periodontitis / Localized Acute Apical Abscesses

Antibiotic therapy is unnecessary and non-indicated in irreversible pulpitis, necrotic pulps, or localized acute apical abscesses cases. Dental infections are limited to the pulp tissue or surrounding tissues, and no systemic signs or symptoms of infection have been detected. Additionally, the lack of a blood circulation network in the root canals prevents the effect of antibiotics in this area. Therefore, mechanical drainage of localized swellings/abscesses is an adequate approach without the use of additional medication. (1, 12). Moreover, antibiotic therapy should be administered for advanced non-odontogenic bacterial infections, such as tuberculosis, oral syphilis, gonococcal stomatitis, and staphylococcal mucositis (3, 13).

### 3.3. Dental originated Acute Facial Swelling / Facial Cellulitis

The development of facial swelling or facial cellulitis secondary to an odontogenic infection should be considered a primary concern. The clinician must also consider the patient's age, degree of cooperation, ability to obtain adequate local/general anesthesia, general medical status, and severity of infection (14, 15).

In odontogenic infections, which have expanded and progressive swelling with systemic involvement (e.g., fever, difficulty in breathing, and swallowing), combinations of surgical treatment and antibiotic therapy are preferred to contribute to rapid healing (16, 17).

Thus, both pain relief for the patient and antibiotic penetration into the infected area are provided. Penicillin derivatives remain the first choice for odontogenic infections, but adjunctive antimicrobial therapy with metronidazole may be considered for anaerobic bacterial infections. Furthermore, cephalosporins should be prescribed as an alternative for the management of odontogenic infections, specifically when a previous administration of penicillin/amoxicillin or penicillin allergy has been detected in a child (1, 18).

### 3.4. Dental Trauma

Systemic antibiotics have been prescribed as adjunctive therapy in cases of avulsion of permanent incisors with neither an open nor closed apex. Owing to its high effectiveness against oral flora and low adverse effects, amoxicillin or penicillin is considered the drug of choice. Doxycycline is preferred as an alternative to penicillin (19).

### 3.5. Pediatric Periodontal Diseases

Dental plaque-induced gingivitis, pubertal gingivitis, eruption gingivitis, gingivitis caused by mouth breathing, and primary herpetic gingivostomatitis are treated using appropriate local therapeutic approaches involving professional oral hygiene and reinforced brushing (twice daily for at least 2 min). and no antibiotic therapy is required (3, 20). Patients diagnosed with aggressive periodontal disease may require adjunctive antimicrobial therapy combined with localized treatment. In pediatric periodontal diseases associated with specific systemic conditions, such as Papillon Lefevre Syndrome, severe congenital neutropenia, or leukocyte adhesion deficiency, the immune system is not able to prevent the growth of periodontal pathogens. Under these conditions, treatment may be planned using antibiotic therapy/prophylaxis (21, 22).

### 3.6. Viral Diseases

Unless there is evidence suggesting a secondary infection, viral-originated conditions such as acute primary herpetic gingivostomatitis could not be treated with antibiotic therapy (3, 11).

### 3.7. Salivary Gland Infections

Antibiotic therapy is indicated when acute salivary gland swellings are detected with a bacterial nature. Although the administration of antibiotics alone is effective, if the patient does not improve within 24-48 hours, incision and drainage may be required. Amoxicillin/clavulanate is preferred as adjunctive therapy to affect both staphylococcal and streptococcal species, specifically bacterial infections of salivary glands that originated from oral flora (1, 23).

## 4. The reasons for the misuse or overuse of antibiotics in pediatric dentistry

One of the primary reasons for the behavior of unnecessary antibiotic prescriptions could be related to parental pressure in pediatric dentistry. In addition, practitioners also believe that antibiotic prescription may be the quickest way to delay dental treatment (8). The other major cause for the increased use of antibiotics is a lack of knowledge about the exact indications and need for antibiotics (10, 24-25). Moreover, the misuse of antibiotics could have resulted from an inadequate clinical assessment and inappropriate/inadequate or extended usage of antibacterial agents to eliminate the risk of recurrent infections (1, 26-27).

## 5. Anti-inflammatories and analgesics in pediatric dentistry

According to the latest report by the AAPD, infants, children, and individuals with special healthcare needs can experience pain originating from dental/orofacial injuries, infections, and dental procedures. Hence, inadequate pain management may result in significant physical and psychological effects on the patient. Pediatric pain evaluation can help practitioners improve their clinical approaches to providing dental pain relief (28).

Intraoral pain, representing toothache, is the most common etiology of orofacial pain in children. Approximately 95% of orofacial pain is caused by odontogenic reasons, and according to the report of a recent systematic review and meta-analysis, the prevalence of toothache in children and adolescents was notified as 36.2% (29, 30).

## 6. The effects of pain in children

Experience of pain, especially unrelieved forms during dental procedures, can be uncomfortable for the dentist, the pediatric patient, and their parents. This condition can also lead to the development of complex behavior management, dental fear, mistrust, fear of actual/future pain, and fear against hospitals, medical staff, and other treatment procedures (31, 32). Therefore, pain management in children plays a critical role in daily clinical pediatric procedures. Practitioners must know the consequences, toxicities, and morbidities related to the preferred therapeutic agents for pain management.

## 7. Prescribing analgesics in pediatric dentistry and classification of pharmacological / therapeutic agents

Depending on the severity of pain (mild to severe), with minimal adverse effects can be more challenging for a pediatric dentist (32). Acetaminophen and ibuprofen are preferred as first-line agents in the treatment of acute mild to moderate pain in children (28, 33-34).

### 7.1. Non-opioid analgesics

Nonsteroidal anti-inflammatory drugs (NSAIDs): NSAIDs are the most commonly used drugs. They exhibit anti-inflammatory, antipyretic, analgesic, and antiplatelet properties. The major representatives of NSAIDs are salicylic acid (aspirin), acetic acids (ketorolac),

propionic acids (ibuprofen and naproxen), and COX-2 selective inhibitors (celecoxib) (35, 36).

### 7.2. Acetaminophen (acetyl-para-aminophenol [ARAP], paracetamol)

Acetaminophen is an analgesic that is effective for mild-to-moderate pain and is an antipyretic. In contrast to NSAIDs, the mechanism of action of acetaminophen is central and does not exhibit any anti-inflammatory effects or is not effective on the gastric mucosal lining or platelets (37).

### 7.3. Opioid analgesics

In general, opioid analgesics are preferred for acute moderate-to-severe pain that is resistant to other therapies. Unfortunately, opioids have only the ability to inhibit pain perception, and they have no effects on dental inflammation. Pediatric dental patients are very rarely required for opioid analgesics. They are commonly used in pediatric patients regarding pain related to cancer, sickle cell disease, osteogenesis imperfecta, epidermolysis bullosa, and neuromuscular disease (28, 38, 39).

## 8. General recommendations and future perspectives about the prescription of antimicrobials in the pediatric dentistry field

Factors associated with lack of knowledge, misdiagnosis, and parental/pediatric pressure have been considered, causing increased usage of antibiotics (27).

To understand the clinical indications of antibiotics, the creation of more precise worldwide guidelines giving information about usage, the period, duration, and the proper dosage of antibiotics is required (40).

Accurate diagnosis must be fundamental before initiating antimicrobial therapy. The dentist should consider the patient's situation, medical history (2).

In recent years, short-term antibiotics have been preferred to long-term usage. Currently, the higher dosage of antibiotics with short-term duration is defended (1).

For the relief of pain associated with dentoalveolar infection, the prescription of analgesics or anti-inflammatory drugs are more suitable compared to antibiotics, no need for antibiotic prescription (1).

Anti-inflammatory drugs should be prescribed for edema and heat/redness. Moreover, the mechanical drainage of pus/debridement should be done (41).

Due to its high toleration by children, ibuprofen is the only safe anti-inflammatory drug to be prescribed for children under 3 years old (42).

## 9. Conclusion

There is no doubt that antimicrobials play a vital role in the management of infectious diseases in pediatric dentistry. Therefore, dental professionals must avoid the misuse or overuse of antimicrobials. The potential risks related to misuse issues should be recognized, and the prescription of antimicrobials must be judicious and follow evidence-based/proper guidelines published by the AAPD.

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