

Focal infections

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Focal infection:

Circumscribed, hidden, purulent lesion („focus”), continuous or episodic release of bacteria or their toxins into the blood stream

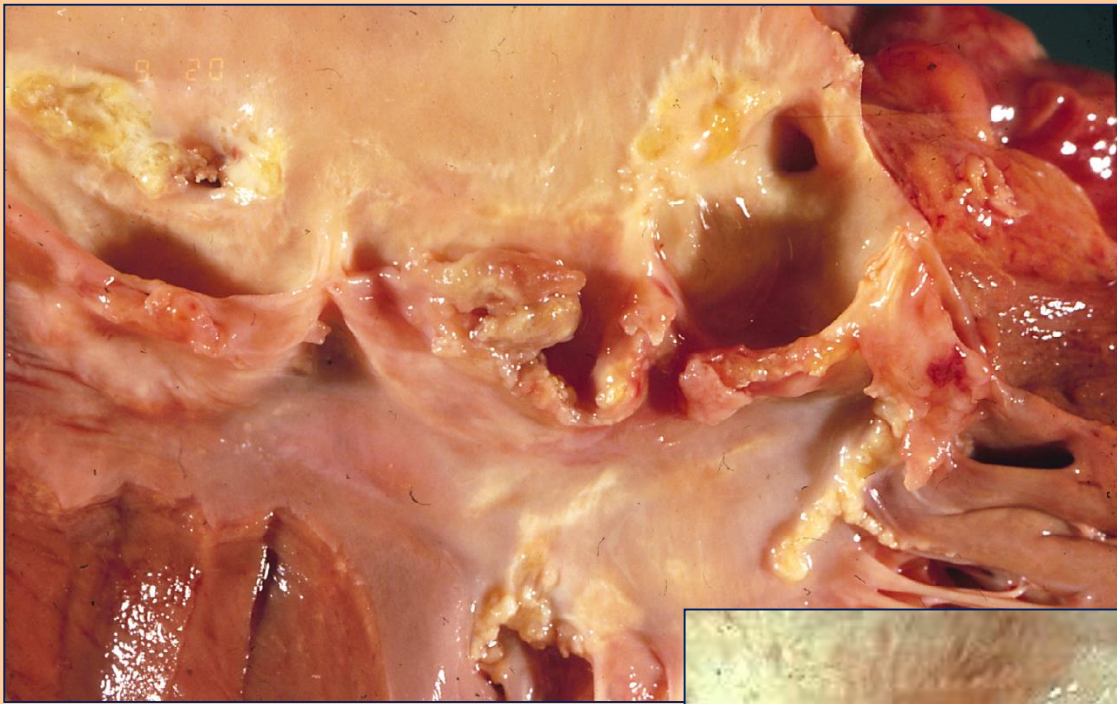
Balance between the infective agents and the host

Focus could be:

- Prostate, gallbladder, perirenal absceding lesion
- Apical periodontitis, alveolar abscesses, teeth with necrotic pulp, prolonged purulent sinusitis, chr. tonsillitis,....

The most frequent consequences:

Infective endocarditis, brain abscess, purulent lesions around the implanted orthopedic devices



Bacteria isolated from periapical abscesses:

Various, large number of anaerobic and aerobic strains

Streptococcus viridans group

(not exclusively kizárólagosak!)

Streptococcus mutans serotypes: c, e, f, k

k-type:

- strong affinity to the endocardium
- more resistance against the phagocytosis

(prolonged presence in the bloodstream)

Random bacteriemia during dental surgical interventions :

Tooth extraction: 40 - 80%

Periodontal surgical procedures: 30 – 80 %

Root canal treatment: 10 – 60%

Intraligamental injections: 90%

However:

Tooth brushing: 10 – 20%

Using dental floss: 20 – 50 %

Toothpick, irrigator: 20 – 40%

Strong chewing/mastication: 10 – 50 %

Preventive antibiotic treatment:

Known chronic endocarditis (vitium)

Recently operated pts w/artificial joints (hip, knee)