

● SIDE-EFFECTS

► **Common or very common** Oral discolouration · tooth discolouration


● **PATIENT AND CARER ADVICE** May cause temporary discolouration of teeth and oral mucosa.

● **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Paint

EXCIPIENTS: May contain Ethanol

► **Pyralvex** (Meda Pharmaceuticals Ltd)

Salicylic acid 10 mg per 1 ml, Rhubarb extract 50 mg per 1 ml Pyralvex solution | 10 ml  £3.25

4 Oropharyngeal bacterial infections

Oropharyngeal infections, antibacterial therapy

Pericoronitis

Antibacterial required only in presence of systemic features of infection, or of trismus, or persistent swelling despite local treatment.

- Metronidazole p. 344, or *alternatively*, amoxicillin p. 351
- *Suggested duration of treatment* 3 days or until symptoms resolve.

Gingivitis (acute necrotising ulcerative)

Antibacterial required only if systemic features of infection.

- Metronidazole, or *alternatively*, amoxicillin
- *Suggested duration of treatment* 3 days or until symptoms resolve.

Abscess (periapical or periodontal)

Antibacterial required only in severe disease with cellulitis or if systemic features of infection.

- Amoxicillin, or *alternatively*, metronidazole
- *Suggested duration of treatment* 5 days.



Periodontitis

Antibacterial used as an adjunct to debridement in severe disease or disease unresponsive to local treatment alone.

- Metronidazole, or *alternatively in adults and children over 12 years*, doxycycline p. 364

Sore throat (acute)

Acute sore throat is usually triggered by a viral infection and is self-limiting. Symptoms can last for around 1 week, and most people will improve within this time without treatment with antibiotics, regardless of the cause.

 Antibacterial therapy is required only in patients with severe systemic symptoms, signs and symptoms of a more serious illness or condition, or those at high risk of complications. Patients with severe systemic infection or severe suppurative complications such as peri-tonsillar abscess (quinsy), acute otitis media, acute sinusitis or cellulitis should be referred to hospital. 

- Phenoxymethylpenicillin p. 350
- *Suggested duration of treatment* 5 to 10 days.
- *If penicillin-allergic*, clarithromycin p. 340 (or erythromycin p. 341)
- *Suggested duration of treatment* 5 days.

ANTIBACTERIALS > TETRACYCLINES AND RELATED DRUGS

F 364

01-May-2019

Doxycycline

● INDICATIONS AND DOSE

Treatment of recurrent aphthous ulceration

- **BY MOUTH USING SOLUBLE TABLETS**
- Child 12–17 years: 100 mg 4 times a day usually for 3 days, dispersible tablet can be stirred into a small amount of water then rinsed around the mouth for 2–3 minutes, it should preferably not be swallowed

● **UNLICENSED USE** Not licensed for recurrent aphthous ulceration.

● **CAUTIONS** Alcohol dependence

● **INTERACTIONS** → Appendix 1: tetracyclines

● SIDE-EFFECTS

- **Common or very common** Dyspnoea · hypotension · peripheral oedema · tachycardia
- **Uncommon** Gastrointestinal discomfort
- **Rare or very rare** Antibiotic associated colitis · anxiety · arthralgia · flushing · intracranial pressure increased with papilloedema · Jarisch-Herxheimer reaction · myalgia · photoonycholysis · severe cutaneous adverse reactions (SCARs) · skin hyperpigmentation (long term use) · tinnitus · vision disorders

● **RENAL IMPAIRMENT** Use with caution (avoid excessive doses).

● **PATIENT AND CARER ADVICE** Counselling on administration advised.
Photosensitivity Patients should be advised to avoid exposure to sunlight or sun lamps.

● PROFESSIONAL SPECIFIC INFORMATION

Dental practitioners' formulary

Dispersible tablets may be prescribed as Dispersible Doxycycline Tablets.

● **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Dispersible tablet

CAUTIONARY AND ADVISORY LABELS 6, 9, 11, 13

► **Vibramycin-D** (Pfizer Ltd)

Doxycycline (as Doxycycline monohydrate) 100 mg Vibramycin-D
100mg dispersible tablets sugar-free | 8 tablet  £4.91 DT = £4.91

5 Oropharyngeal fungal infections

Oropharyngeal fungal infections

Overview

Fungal infections of the mouth are usually caused by *Candida* spp. (candidiasis or candidosis). Different types of oropharyngeal candidiasis are managed as follows:

Thrush

Acute pseudomembranous candidiasis (thrush), is usually an acute infection but it may persist for months in patients receiving inhaled corticosteroids, cytotoxics, or broad-spectrum antibacterials. Thrush also occurs in patients with serious systemic disease associated with reduced immunity such as leukaemia, other malignancies, and HIV infection. Any predisposing condition should be managed appropriately. When thrush is associated with corticosteroid inhalers, rinsing the mouth with water (or cleaning a child's teeth) immediately after using the inhaler may avoid the problem. Treatment with nystatin p. 734 or miconazole