Need for dental treatment following cardiac valve surgery: a clinical study.

AIM: The aim of the present study was to evaluate the long-term need for dental treatment following non-radical treatment modes prior to cardiac valve surgery. PATIENTS: From 1995 to 2001, a total of 305 patients were screened prior to cardiac surgery. After an average period of 36 months, 80 of these patients could be re-evaluated clinically (26%). Another 117 patients (38%) and their family doctors were contacted by telephone. METHODS: Dental evaluation prior to cardiac valve replacement was performed clinically and radiographically. Tooth extraction was recommended in cases of carious or periodontal destruction, root remnants, partial retention or apical osteolysis despite endodontic treatment with poor prognosis for apicectomy. Periodontal therapy was recommended if attachment loss was less than 1/2 of the root length. No measures were undertaken for endodontically treated teeth without apical osteolysis and impacted teeth. In October 2002, oral health was re-evaluated in 80 patients. Dental treatment carried out in the follow-up period was documented and compared with the current findings. RESULTS: At the time of re-evaluation, 60 of the total of 80 patients required dental treatment in 155 teeth; oral surgery was indicated in 51 of these 60 patients, mostly due to periodontal pathology. During the follow-up period, only 99 of the 142 dental interventions having taken place had been carried out with prophylactic antibiotic treatment.
CONCLUSION: From the results of this study it may be concluded that non-radical dental treatment modes prior to cardiac valve replacement can only be successful over the long-term if adequate postoperative dental care is provided. To achieve this aim, common follow-up monitoring forms, similar to those used for care of cancer patients, could facilitate communication.