Sir,

Chronic Kidney Disease (CKD), a gradual and inevitable deterioration in renal function, is the renal disease with the most amalgamations in dental discipline. These patients obligate exceptional attention with respect to dental care not due to the omniarous oral signs, but pertaining to the repercussions and medications which they encounter. The cardinal guideline in the dental management of CKD patient is to establish collaboration with the nephrologist and thereupon implement the destined dental manoeuvre. The imperative protocol behind this is to avoid further complexity by executing dental surgical procedures in CKD patients. From the virtuous communication and information of the medical expert, credible history relating to the status of renal ailment and the incumbent treatment strategy which the patient has been obtaining is conceived by the dentist.\(^1\)

CKD patients encountering dental crisis can be subjected to emergency dental procedures under the supervision of medical expert. Platelet and complete blood count are the prime factors for dentist to be concerned about, as CKD patients have bleeding tendencies owing to uremia and haemodialysis. Besides, the prevailing medical condition of patient should be stable to exercise the oral surgical manoeuvres.\(^2\)

CKD patients procure protracted duration to filter out medications; therefore, dosage must always be reconciled harmonizing the former statement. Antibiotic prophylaxis is covetable before the intrusive dental treatment is implemented as the CKD patients are more liable to contagion.\(^3\) Infective endocarditis is one of the major predicaments of bacteremia in patients subjected to chronic haemodialysis. Antibiotics should be prescribed on the need of a specific requirement; elseways their administration can be perilous to the patients.\(^4\) The dosage of antibiotics is preferably advocated by the nephrologist earlier to dental procedure and following the manoeuvre to avert systemic contagion.\(^2\) Penicillin, clindamycin, cephalosporin can be prescribed at regular doses, (penicillin 250 mg; every 6 hours, clindamycin 300 mg; TID, cephalosporin 250 mg; q24 hours) and are proposed to be the standard antibiotics of choice.\(^5\) Administration of antibiotics is preferably safe until the dose amendment is done for the renal dysfunction with respect to the Glomerular Filtration Rate (GFR).

Mutual coalition is imperative between the nephrologist and dentist to deliver persuasive dental care and enhance the prevailing general health of renal patient.

**REFERENCES**

4. Ramasamy C. Cardinal decision for an endodontist to make: is not only, in which infection to use antibiotic, but whether to use one at all? *Asian J Pharm Clin Res* 2014; 7:4-5.