Dentist-Urologist Interplay in the Dental Management of Penile Prosthesis Patient

Sir,

Penile prosthesis patients have received marked attention in dental discipline owing to their exposure towards prosthetic infections prior to intrusive dental procedures. Key factors for the penile prosthesis complications include patients with imperil health, poor sustenance of diabetes, numerous surgical manoeuvres and spinal cord trauma. These factors deteriorate the medical status of penile prosthesis patient and eventually leave them susceptible to infections. Earlier researches suggest that dental procedures could be the stimulating component in inducing infections among vulnerable patients.1 Mandatory protocol to be adhered to while handling a penile prosthesis patient is to establish communication with the urologist. Additional information collected with regard to medical history will serve the dentist to deliver a secure oral care. Irrespective of the strict guidelines followed in sterilization procedures at dental operatory, these patients could be prone to infections. *Staphylococcus* genre (*S. epidermidis*) has been the prime microorganism found in penile prosthetic infected patients.2 Supportively; the previous reports do confirm the occurrence of *Streptococcus* and *Staphylococcus* in few candidates, where dental procedures have been the origin for penile prosthetic contagions.2,3 Researchers of the documented penile prosthetic cases recommend Cephalosporin (250 mg; every 24 hours) before exercising intrusive dental treatment.2,3 Lack of consistent association of invasive dental manoeuvres with implanted penile prosthesis patient, provoked a controversial situation, considering the anti-microbial resistance and suggested the antibiotic service preferably for medical-risk patients.4,5 Positive factor behind the rationalisation of antibiotic prophylaxis is attributed to the diversity noted in the infected penile prosthetic patients. Urologists strongly admit to consider the prescription of antibiotics on the grounds of an individual need. Dentists should consult the urologist before exercising the dental treatment and enquire whether the patient demands the service of antibiotic regimen. It is still secure for the penile prosthesis patient when the required antibiotic therapy is advocated by the urologist. Literatures advice the dentists to pursue the protocols recommended by the American Heart Association (AHA) for infective endocarditis (Amoxicillin 2 g administered 2 hours before extensive dental procedures).6 The current guidelines of American Urological Association (AUA) do affirm the former statements and validate as a preventive measure in immune compromised patients before the implantation of the prosthetic device.5 Complications can occur in any discipline of medicinal dentistry, meanwhile updating the current pharmacological and medical advances relevant to penile prosthesis surgery would help the dentists to handle crisis.

REFERENCES

6. Guidelines for antibiotic prophylaxis of endocarditis [Internet]. 2014. Available from: http://www.heart.org/HEARTORG/Conditions/CongenitalHeartDefects/TheImpactofCongenitalHeartDefects/Infective-Endocarditis_UCM_307108_Article.jsp

C. Ramasamy
Department of Prosthodontics, AIMST University, Malaysia.

Correspondence: Dr. C. Ramasamy, Lecturer, Faculty of Dentistry, Department of Prosthodontics, AIMST University, Semeling 08100, Bedong, Kedah Darul Aman, Malaysia.
E-mail: dr.ramasamyc@gmail.com

Received: December 01, 2014; Accepted: March 27, 2015.