

## STRUCTURE IN THE INSTITUTIONAL REPOSITORY

- **Title:** Clinical Practice Guideline for treatment of odontogenic infections in the Peruvian Social Security (EsSalud)
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- **Abstract:**

**Background:** This paper abstracts the Clinical Practice Guideline (CPG) for treatment of odontogenic infections (dentoalveolar abscess, facial cellulitis and cervicofacial abscess) in the Peruvian Social Security (EsSalud).

**Objective:** to provide evidence-based clinical recommendations for the treatment of odontogenic infections in EsSalud.

**Methods:** a guideline task force (GTF) was formed with dental surgeons and methodologists. The group proposed 4 clinical questions to be answered in this Clinical practice guideline (CPG). Systematic searches of previous systematic reviews were performed and when it was necessary, primary studies from PubMed and CENTRAL during 2018 were reviewed. The evidence was selected aiming to answer each proposed question. Certainty of evidence was evaluated using Grading of Recommendations Assessment, Development, and Evaluation (GRADE) methodology. In periodical work sessions, the group used GRADE methodology for reviewing the evidence and formulating recommendations, good clinical practice items and the flowchart of diagnosis and management. Finally, the CPG was approved by Resolution N° 067-IETSI-ESSALUD-2020.

**Results:** This CPG approached four clinical questions, divided into two topics: surgical treatment, pharmacological treatment of choice. Based on these questions six strong recommendation, two conditional recommendations, 11 good clinical practice items and one flowchart were formulated.

**Conclusion:** This paper abstracts the methodology and evidence-based conclusions of the CPG for treatment of odontogenic infections (dentoalveolar abscess, facial cellulitis and cervicofacial abscess) in EsSalud.

**Key words:** odontogenic infections, dental infection, Practice Guideline, GRADE Approach, Evidence-Based Dentistry.

- **PICO questions for CPG:**

MANAGEMENT			
<b>Question 1: In adult patients with odontogenic infections (dentoalveolar abscess, facial cellulitis and cervicofacial abscess), should dental extraction be performed?</b>			
POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)
			-Decrease in pain

Patients with acute dentoalveolar abscess	Dental extraction	No dental extraction	- Resolved infectious focus - Hospitalizations - Adverse effects
Patients with facial cellulitis	Dental extraction	No dental extraction	- Decrease in pain - Resolved infectious focus - Hospitalizations - Adverse effects
Patients with cervicofacial abscess	Dental extraction	No dental extraction	- Decrease in pain - Resolved infectious focus - Hospitalizations - Adverse effects

**Question 2: In adult patients with odontogenic infections (dentoalveolar abscess, facial cellulitis and cervicofacial abscess), what should be the first-line empirical antibiotic therapy?**

POPULATION	INTERVENTION	COMPARATOR	OUTCOME(S)
Patients with acute dentoalveolar abscess	Different antibiotic therapies	Different antibiotic therapies	- Resolved infection - Clinical criteria for inflammation (pain, swelling, mouth opening) and laboratory criteria. - Adverse effects
Patients with facial cellulitis	Different antibiotic therapies	Different antibiotic therapies	- Resolved infection - Clinical criteria for inflammation (pain, swelling, mouth opening) and laboratory criteria. - Adverse effects
Patients with cervicofacial abscess	Different antibiotic therapies	Different antibiotic therapies	- Resolved infection - Clinical criteria for inflammation (pain, swelling, mouth opening) and laboratory criteria. - Adverse effects

**Question 3: In adult patients with facial cellulitis or odontogenic cervicofacial abscess, should corticosteroids be administered?**

<b>POPULATION</b>	<b>INTERVENTION</b>	<b>COMPARATOR</b>	<b>OUTCOME(S)</b>
Patients with facial cellulitis or odontogenic cervicofacial abscess	- Corticosteroids	- No corticosteroids	<ul style="list-style-type: none"> <li>- Improvement in trismus</li> <li>- Pain</li> <li>- Normalized body temperature</li> <li>- Discharge from hospitalization</li> <li>- Adverse effects</li> </ul>

**Question 4: In adult patients with cervicofacial abscess, should the drainage path be irrigated?**

<b>POPULATION</b>	<b>INTERVENTION</b>	<b>COMPARATOR</b>	<b>OUTCOME(S)</b>
Patients with facial cellulitis or odontogenic cervicofacial abscess	- Drainage irrigation	- No drainage irrigation	<ul style="list-style-type: none"> <li>- Hospital stay time</li> <li>- Hospital stay time after surgery</li> <li>- Need for additional procedures.</li> </ul>