

Reply

A response to “Amoxicillin prophylaxis is not associated with anaphylaxis”

We thank you for your comments regarding our article analyzing the recent American Heart Association guidelines for antibiotic prophylaxis⁴. It is satisfying to know that one's efforts at least elicit interest. We would suggest, however, that your comments to us are misdirected. Contrary to your interpretation, we offered neither our own opinions nor conclusions. Rather, we simply offered a review of the 2007 AHA Guideline⁴ and related current literature.

Specifically, in sequential response to your misconceptions: It was the AHA, not we, which “... concluded that adverse events stemming from antibiotic use exceeded the benefits of antibiotic prophylaxis.”⁴ Your comments might be better directed to the AHA. We had no ‘argument’ to “bolster” in simply reporting the influence on the AHA's stance on prophylaxis by the article of Ashrafian and Bogle¹; we were not in the arguing or bolstering business, but were simply reporting. Your stance on the lack of validity of antibiotic prophylaxis may well be justifiable – again, we are neither arguing nor concluding; we would point out, however, that your references to the National Institute for Health and Clinical Excellence report³, and to the article by Lee and Shanson², both of which, as you emphasized, report only very rare incidence of anaphylaxis, also report, when one reads them further, that “... the reporting of adverse reactions for many older drugs such as amoxicillin is much lower than that for newer drugs”², and

“... it is important to consider the risks... in particular, anaphylaxis, when antibiotics are given for prophylaxis”³.

In this context, we would point out that the title of your letter, “Amoxicillin prophylaxis is not associated with anaphylaxis,” could be deemed imprudent, extraordinarily unscientific, and potentially dangerously misleading.

We repeat to the interested reader the recommendations stated in our article that the 2007 AHA Guidelines⁴ be read in their entirety to gain an understanding of the rationale behind the up-dated revisions, and we recommend ongoing study of Amoxicillin-associated anaphylaxis to bring this issue to a more definitive resolution.

Funding

None.

Competing interests

None declared.

Ethical approval

Not required.

F. Farbod*

St. John Health

Oral and Maxillofacial Surgery

11800 E. 12 Mile Rd.

Warren

MI 48093, United States

*E-mail address: frankfbd@gmail.com

(F. Farbod)

Tel.: +1 248 395 6419

References

1. ASHRAFIAN H, BOGLE RG. Antimicrobial prophylaxis for endocarditis: emotion or science? *Heart* 2007; **93**: 5–6.
2. LEE P, SHANSON D. Results of a UK survey of fatal anaphylaxis after oral amoxicillin. *J Antimicrob Chemother* 2007; **60**: 1172–1173.
3. NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE. Clinical guidelines CG 64 Issued March 2008. Prophylaxis against infective endocarditis. Antimicrobial prophylaxis against infective endocarditis in adults and children undergoing interventional procedures. 2008 <http://guidance.nice.org.uk/CG64>.
4. WILSON W, TAUBERT KA, GEWITZ M, LOCKHART PB, BADDOUR LM, LEVISON M, BOLGER A, CABELL CH, TAKAHASHI M, BALTIMORE RS, NEWBURGER JW, STROM BL, TANI LY, GERBER M, BONOW RO, PALLASCH T, SHULMAN ST, ROWLEY AH, BURNS JC, FERRIERI P, GARDNER T, GOFF D, DURACK DT. American Heart Association Rheumatic Fever, Endocarditis, and Kawasaki Disease Committee; American Heart Association Council on Cardiovascular Disease in the Young; American Heart Association Council on Clinical Cardiology; American Heart Association Council on Cardiovascular Surgery and Anesthesia; Quality of Care and Outcomes Research Interdisciplinary Working Group. Prevention of infective endocarditis: guidelines from the American Heart Association: a guideline from the American Heart Association Rheumatic Fever, Endocarditis, and Kawasaki Disease Committee, Council on Cardiovascular Disease in the Young, and the Council on Clinical Cardiology, Council on Cardiovascular Surgery and Anesthesia, and the Quality of Care and Outcomes Research Interdisciplinary Working Group. *Circulation* 2007; **116**: 1736–1754 Epub 2007 April 19. Erratum in: *Circulation* 2007 October 9; **116**: e376–377.