

addition to university teaching hospitals alongside of local medical students and residents.

UHSA scrupulously reviews each student log. In addition, UHSA personally calls each physician mentor and certifies these events and the student's progress and demeanor in each discipline. The University does not and will not permit the graduation of anyone who has not undergone this close scrutiny.

The University is and has been chartered and accredited by the nation of Antigua and Barbuda and has been in existence for more than 20 years. It is recognized by the World Health Organization (WHO), the Educational Commission for Foreign Medical Graduates (ECFMG), and the United States Medical Licensing Examination (USMLE). It maintains a chapter of the American Medical Student's Association (AMSA). Graduates who wish to take and pass the USMLE, enter American hospital residency programs, and attain their medical licenses in nearly all states. In other words, this offshore program is the "real deal."

Having gone through this extensive program one may be asked if they have done this to perform additional procedures (a question that I am often asked)? I doubt it since these same individuals are already trained to and do perform the full scope of our specialty and have not added a single procedure. Have they spent 18-24 months to make more money? I do not believe that is the motive, nor have I heard of this occurring.

Have they done it to become further educated in current medical knowledge and procedures? Yes. From that knowledge comes the ability for these predominantly high profile private practitioners and educators to better train their residents (both single and double degree), better educate their fellow OMSs, and to better treat their patients under the dental license that allows them to practice oral and maxillofacial surgery. I particularly feel more educationally fulfilled and well rounded, and feel that I treat my patients more globally than prior to the experience.

I personally know of no individuals who have gone forward to promote themselves as better than their fellow single-degree OMS colleagues. That would certainly be an ethical breach, as it would be if any of these individuals actually practiced medicine without being properly licensed to do so.

It is unfortunate that there are those who denigrate the individuals who have made the sacrifice of time, money, and separation from their families and friends to better themselves and possibly the profession. Quite frankly I believe that these newly graduated offshore medical school MDs should be praised for their actions. I feel that in most situations they are. Why would an OMS colleague calumniate and ridicule another for continuing their education?

I am most appreciative of your accurate and balanced editorial comments (certainly missing from the *AMA News* article which you mention) and am totally supportive of your closing comments that "all oral and maxillofacial surgeons, whether they seek further education later in their career or not, are worthy of the respect of all who recognize exceptional educational achievement and clinical skill."

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ANTIBIOTIC USAGE FOR CORONECTOMY: IS IT NECESSARY?

To the Editor:—We just finished reviewing the article "Coronectomy: A Technique to Protect the Inferior Alveolar Nerve" (*J Oral Maxillofac Surg* 62:1447-1452, 2004) with the resident staff at our journal club. The article by Dr Pogrel et al created both positive and negative discussion, and there was one particular sentence in the article that created much discussion, namely, "1. All patients were placed on appropriate preoperative prophylactic antibiotics."

The authors of this letter do not know what antibiotics were used, what dose was given, or if this was for patients undergoing coronectomy only or what indications were used so that "all patients" were given antibiotics.

Our literature would not support the use of antibiotics in all patients having third molars extracted. The late Dr Larry Peterson stated it very well when he wrote, "Thus, in the normal healthy individual, most dentoalveolar surgical procedures would not require antibiotic prophylaxis to prevent infection."¹ We have not used prophylactic antibiotics in our training program for many years and have not seen an incidence of postoperative infections that would cause us to re-evaluate our practice.

The indications and contraindications for the use of prophylactic antibiotics are well known and should be followed. Their routine use in coronectomy or third molar extractions has not been shown to be an indication.

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Reference

- Peterson LJ: Antibiotic prophylaxis against wound infections in oral and maxillofacial surgery. *J Oral Maxillofac Surg* 48:617, 1990

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In Reply:—In reply to the letter by Drs Zallen and Massoth, I have to say that conceptually I am obviously in total agreement with your arguments not to use antibiotics for routine dentoalveolar procedures on fit and healthy patients. Like the writers of the letter, I well remember Larry Peterson saying exactly that. Nevertheless, we live in troubled and litigious times, and I am well aware from personal experience that most oral and maxillofacial surgeons in California do in fact prescribe antibiotics for most dentoalveolar procedures, and particularly third molars. There may be no scientific logic behind it, but it is a fact of life. When we started this coronectomy study, we did make a conscious decision to prescribe prophylactic antibiotics for all patients. Our rationale for this was that we were invading the pulp cavity of the buried third molar, and that it would be appropriate for antibiotics to be in the pulp chamber at the time it was sectioned. Also, one could consider that the retained roots constitute a "foreign body" and again, antibiotics might be appropriate. The antibiotics in all cases were commenced preoperatively (anything from the night before to 1 hour before) and were continued for at least 3 days. It may be that once the true role and outcome of coronectomy has been determined, we may be able to discontinue the routine use of antibiotics.

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