

PERICORONITIS V2.0

Comments from the Expert Advisory Group

- Antibiotics are rarely indicated in pericoronitis unless there is pyrexia, spreading infection, and/or trismus.
- Treat pericoronitis using local measures in the first instance to achieve debridement and irrigation of stagnation areas. Antibiotics are only required in the case of spreading infection (cellulitis, lymph node involvement, trismus) or systemic involvement (fever and malaise).

Local Measures

- Irrigate and debride the stagnation area.
 - Relieve occlusion by filing down the opposing tooth or extracting as appropriate.
 - Patients can be advised to use warm salt water and/or chlorhexidine rinses and/or targeted irrigation of site. Caution: very rare risk of anaphylaxis with chlorhexidine.
- Pericoronitis is usually caused by oral gram positive or anaerobic organisms.
 - Metronidazole or amoxicillin are usually effective in treating such infections. The duration of treatment depends on the severity of the infection and the clinical response.
 - Where there is significant trismus, floor of the mouth swelling or difficulty breathing, transfer patient to hospital as an emergency.
 - If patient does not respond to the prescribed antibiotic check the diagnosis and consider referral to a specialist.
 - Pericoronitis is rare in children < 6 years, consider alternative diagnosis/specialist input.
 - For recurrent pericoronitis consider extraction of the impacted tooth.

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Treatment

PERICORONITIS ANTIBIOTIC TREATMENT TABLE			
Drug	Dose	Duration	Notes
1st choice option			
Metronidazole	<p><u>Children aged 6 years**</u>: 100 mg every 12 hours</p> <p><u>Children aged 7-9 years</u>: 100 mg every 8 hours</p> <p><u>10-17 years</u>: 200 mg every 8 hours</p> <p>For children with severe infection (or at extremes of body weight for their age) consider 7.5mg/kg (max. 400 mg) every 8 hours</p> <p><u>Adults</u>: 400 mg every 8 hours</p>	3-5 Days*	<p>Advise patients to avoid alcohol.</p> <p>Anticoagulant effect of warfarin enhanced by Metronidazole.</p> <p>Liquid preparations available: 200 mg/ 5mL</p>
OR			
Amoxicillin	<p><u>Children aged 6-11 years**</u>: 500 mg every 8 hours</p> <p>For children with severe infection (or at extremes of body weight for their age) consider 30 mg/kg (max. 1 g) every 8 hours</p> <p><u>Adults and children ≥12 years</u>: 500 mg every 8 hours (max. 1 g every 8 hours for severe infection)</p>	3-5 Days*	<p>Avoid in penicillin allergy.</p> <p>Liquid preparations available (sugar-free): 125 mg/5 mL 250 mg/5 mL</p>
<p>* Duration dependent on severity, response to treatment and impact of source control/local measures.</p> <p>**Pericoronitis is rare in children < 6 years, consider alternative diagnosis/specialist input.</p>			

Weight Based Dosing Tables for Analgesics in Children

- [Paracetamol](#)
- [Ibuprofen](#)

Patient Information

[HSE A to Z Gum disease - treatment](#)

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