

MUCORMYCOSIS SOP FOR PROSTHODONTISTS

**AS PER THE SYMPOSIUM CONDUCTED AND DELIBERATED BY
INDIAN PROSTHODONTIC SOCIETY- KERALA STATE BRANCH ON 13-06-2021**

- 1. Early detection, diagnosis and extensive surgical resection of the involved tissues- the key triad of treatment.**
- 2. In post-covid diabetic patients rule out signs and symptoms of mucormycosis. Any symptom of sinusitis in these patients, radiographic diagnosis is mandatory.**
- 3. Severe ulcerative ulcers of obscure diagnosis to be considered as mucormycosis, especially in post-covid patients with diabetes.**
- 4. Control of co-morbidities such as uncontrollable diabetes mellitus and other immunocompromising conditions to be given priority to reduce the risk factor.**

- 5. Surgically resected cases to have immediate or delayed surgical obturators without soft liners, as the case demands.**

- 6. No invasive dental therapy for the first 3-6 months following complete recovery from active infection.**

- 7. Once stabilized prosthodontic treatment can be done like any other patient.**

- 8. Cross infection prevention through judicious use of personal protective gear, and by avoiding contact with cut skin as the operator can be infected through open wounds too.**

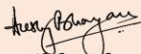
- 9. Strict sterilization protocols to be followed to avoid cross contamination.**


10. Non-critical instruments like face bows etc. to be wiped with 70% ethyl alcohol.

11. 2% glutaraldehyde disinfection for 10 minutes recommended for impressions to prevent cross infection.

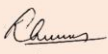
12. 0.1% hypochlorite immersion disinfection for 10 minutes recommended for used acrylic prostheses in operatory.


13. Ensure the operatory is well ventilated as per the current norms.



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President JPS
Speaker / Panellist

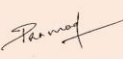

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