

## Clinical utility of hyperbaric oxygen therapy in dentistry

Dear Editor,

I read with great interest the article *Clinical utility of hyperbaric oxygen therapy in genitourinary medicine* by Gandhi et al.<sup>1</sup> in Medical Gas Research. I would like to suggest clinical utility of hyperbaric oxygen therapy in dentistry with emphasis on recent studies done on necrotizing fasciitis, wound dehiscence after intraoral bone grafting in the nonirradiated patients, osteoradionecrosis of mandible and oral submucous fibrosis.

It was evident from a case series study conducted at Australia that hyperbaric oxygen therapy has an additional role in the management of necrotizing fasciitis as a complication of odontogenic infection in medically complex patients.<sup>2</sup> It was evident from a case series study conducted at Denmark that hyperbaric oxygen may only be optional in head and neck necrotizing fasciitis.<sup>3</sup>

Hyperbaric oxygen therapy can be an effective adjunctive therapy in the treatment of nonirradiated patients with wound dehiscence due to chronic maxillary sinus problems or traumatic episode after intraoral bone grafting.<sup>4</sup> Hyperbaric oxygen therapy can be recommended for stage I and II osteoradionecrosis and for selected cases of stage III osteoradionecrosis (staging of osteonecrosis based on the classification of Notani et al.).<sup>5</sup>

The Division of Head and Neck Oncology of Dana-Farber/Brigham and Women's Cancer Center, USA does not recommend the routine use of hyperbaric oxygen therapy for the prevention or management of osteoradionecrosis and they recommend adjunctive hyperbaric oxygen therapy in exceptionally high risk cases where there is failed history of conservative therapy and subsequent surgical resection.<sup>6</sup>

Hyperbaric oxygen therapy as a therapeutic remedy in oral submucous fibrosis is underscored by increasing oxygen tension in oxygen-deficient tissue superadded with potent anti-inflammatory action.<sup>7,8</sup>

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