

PERIODONTAL MANAGEMENT OF MALAGASY HEMOPHILIA PATIENTS

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Background

Hemophilia patient whose gingiva is inflamed and bleeds avoid and develop a great fear of toothbrushing. Nevertheless, plaque accumulation is a risk factor for periodontal disease. The objective of this study was to establish a periodontal therapeutic strategy adapted to Malagasy hemophilia patients

Materials and Methods

A cross-sectional descriptive study was conducted on 11 subjects suffering for hemophilia aged from 4 to 35, members of the "Association pour le Bien-Etre des Hémophiles à Madagascar", in Antananarivo Madagascar. Oral hygiene level, gingiva's size and color were evaluated. Previous gingival bleeding needing or not hospitalization was recorded. Periodontal diagnosis was established with these data and panoramic radiography.

Results

All subjects were presented a plaque-induced gingivitis with a periodontitis for 3 adults. All the patients had poor oral hygiene. The gingival bleeding was a common manifestation in all patients and it had required hospitalization in 5 cases. No patient had previous periodontal treatment.

Improved oral hygiene in hemophilia patient reduces gingival inflammation and prevents periodontal disease, sources of gingival bleeding, while maintaining periodontal health. The mechanical treatment by ultrasonic supra-gingival scaling does not require substitute treatment if it is conducted carefully on a slightly inflamed gingival. Otherwise, interventions must be performed in Hospital Center with addition of the missing factor and hematologic monitoring.

Figure I: Hemophilia A patient aged 15 with plaque induced gingivitis (A). Panoramic radiography showing no alveolar bone loss (B).

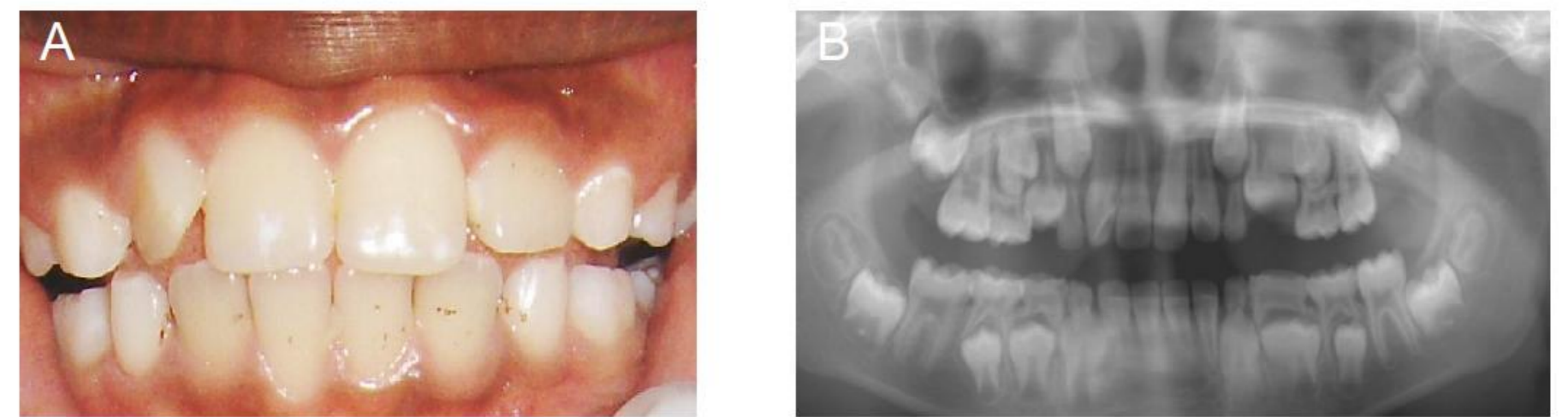


Figure II: Hemophilia B patient aged 26 with localized chronic periodontitis and 3 previous hospitalizations for gingival bleeding (A). Panoramic radiography showing localized alveolar bone loss in 31 et 41 (B).

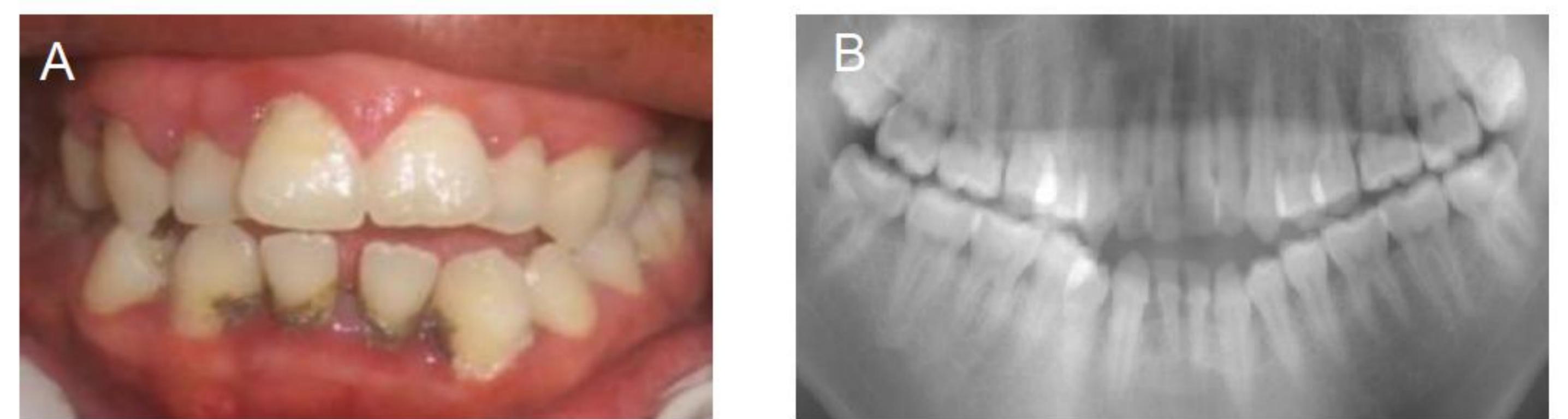


Figure III : Hemophilia B patient aged 35 with generalized chronic periodontitis (A). Panoramic radiography showing generalized alveolar bone loss (B).



Conclusion

Periodontal management is fundamental to treat and prevent gingival bleeding in hemophilia patient. Our study highlights a close collaboration between hematologists, periodontists and dentists for better management of hemophilia in Madagascar.

References

- 1- Rakoto Alson S, Rakoto Alson AO, Razafindrabe JB, Rasamindrakotroka A. Gingivorragie et hémophilie. J Med Ther 2007; 11 (28) : 3-5
- 2- Michael G Newman, Henry H Takei, Fermin A Carranza. Carranza's Clinical Periodontology. 9th edition. WB Saunders Company Philadelphia 2002. 1033 p

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