

Devastative tongue bleeding due to self-bite after dental extraction in hemophilia patient with inhibitor

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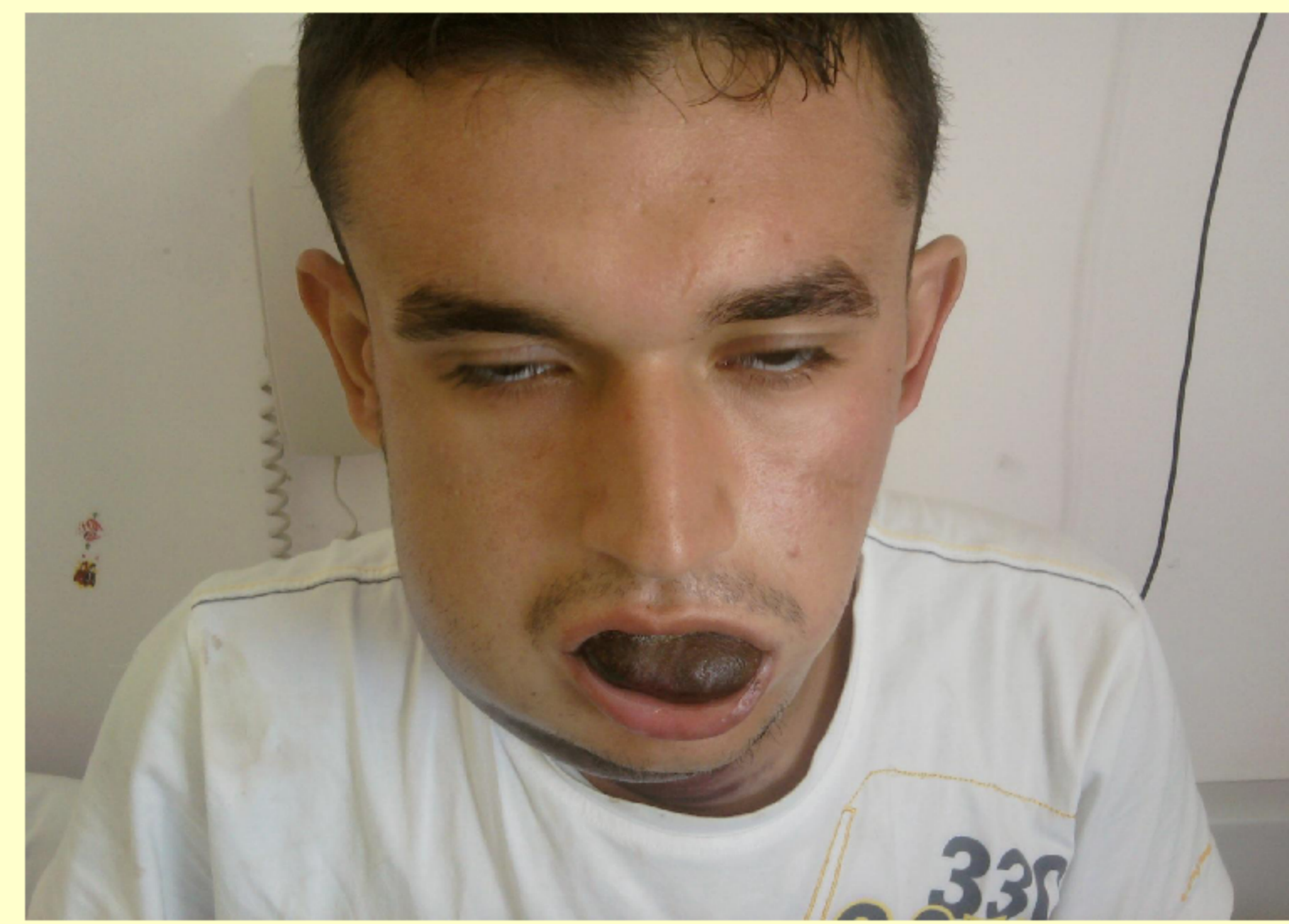
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OBJECTIVES

Inhibitors are the most serious complication of hemophilia therapy. There is also an increased risk of bleeding complications after surgical procedures. In this study, we reported the life threatening bleeding in tongue and spread to the neck that cause respiratory distress and hypoxia in hemophilia A patient with high responding inhibitors after dental extraction and management of this severe case.

METHODS

A 16-year-old male severe Hemophilia A patient with high responding inhibitors presented with a constant toothache and sensitivity. After oral examination, a tooth extraction was planned due to non-restorable carriers destruction using by-passing agents.



RESULTS

Prior to dental extraction, aPCC (FEIBA) was given to patient dosed at 75 U/Kg. No hemorrhage was seen after 6 hours of extraction and patient was discharged after given a second aPCC dosed at 75 U/Kg. Home treatment was given. After ten hours of hospital discharge, patient bit his tongue due to hypokinesia and anesthesia which resulted in bleeding on tongue. The huge swelling was developed on the tongue because of hematoma and then bleeding spread to neck and caused respiratory distress. The patient was admitted to the pediatric intensive care unit.

Over a short period of time, the patient's bruised tongue protruded from the mouth, and progressive hematoma was noted at all tongue. Emergent tracheotomy was considered. In the meantime, aPCC treatment was started with 50 U/Kg/dose every 6 hours. The huge neck and tongue hematomas began to regress along with an improvement in his respiratory status.

CONCLUSIONS

Surgical procedures in hemophilia patients with inhibitors can present a challenge because of the increased risk for bleeding complications and the potential difficulty in controlling bleeding during and after surgery. Thus, even a simple dental extraction operation can be life-threatening situation despite appropriate by pass agent therapy in hemophiliac patients with inhibitors, experienced dentistry and hematologist.

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