

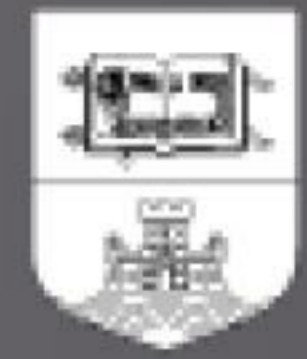
Restorative dentistry and third molar surgery in patient with an inhibitor to FVIII. A case report.

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Introduction and objectives

Although most surgical procedures can be performed safely in patients with hemophilia, the presence of inhibitors may produce a severe perioperative bleeding. Thus, preventive dental procedures have to be taken into consideration. The aim of this report was to present the treatment of patient with an inhibitor to FVIII for restorative dentistry and preventive extraction of third molars.

Report of case

A 23-year-old male patient with inhibitor to FVIII required preventive periodontal and restorative dental treatments, and third molar extractions (Figure 1). Injection of tranexamic acid and antibacterial mouthwash course were given for restorative dental procedures and several teeth were successfully restored by composite with well controlled gingival bleeding (Figure 2, 3). A recombinant activated factor VII (rVIIa NovoSeven), in a dose of 90 µg/kg, 30 min before extraction was administered at the Department of Hematology, and antifibrinolytic agent, with the usual antibiotic and antibacterial mouthwash course, were used for periodontal treatment and surgical extractions of third molars.



Fig. 1 Radiography for treatment planning



Fig. 2 Treatment of deep caries lesion



Fig. 3 Final restorative treatment

Decision for third molar surgery could be discussed as preventive treatments especially in case of partially erupted teeth with susceptibility for dental infections. Since third molar extractions are related to the local trauma, greater importance was given for reduction of surgical trauma of soft and hard tissue. Possible uncontrolled late bleeds after extractions in patients with inhibitor FVIII must be controlled with intraoperative surgical wound management. Surgical extractions were done with careful mucoperiosteal flap elevation and bone drilling with crown and root separation (Figures 4, 5). Surgical wounds were treated with the oxidized cellulose which completely filled bone defects (Figure 6). Superficial parts of bone defects were filled with fibrin glue and cover with sutured mucoperiosteal flaps (Figure 7). Postoperatively, patient had mild intraoral bleeding on third and fifth day successfully controlled with rVIIa bolus injection and tranexamic acid. No re-pack of sockets was done since hemostasis was achieved (Figure 8).



Fig. 4 Surgical exploration



Fig. 5 Surgical extraction with root separation



Fig. 6 Surgical wound treatment with oxidized cellulose



Fig. 7 Surgical wound treatment with fibrin glue

Conclusion

It can be concluded that the verification of dental procedures, restorative and surgical, which could be performed as preventive treatments in hemophilic patients, are necessary to avoid further possible severe and life-threatening complications especially in patients with inhibitors to FVIII.



Fig. 8 Postoperative view

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