

Benefits of a swollen surgical site modification during a programmed tooth extraction

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INTRODUCTION

Clinical evidence demonstrates that primary prevention is possible, but patients are sometimes limited by their social environment, economic means, fears and physical condition, constraints beyond science.

The main priority of dentistry practice is to maintain the integrity of the stomatognathic system. For various reasons, that is not always possible and upon the necessity of a dental extraction we may face a complicated surgical environment. Actually, we may be confronted with irritating factors such as bacterial plaque (oral biofilm) or tartar build up with supra or subgingival location.

In the first stage, we may apply an effective and secure therapeutic periodontal technique .

In case of a periodontal or dental abscess, if we combine antibiotic therapy and drainage, the result would be a better defensive response, clotting and healing.

In the second stage, the surgical approach, we observe outstanding healing results.

OBJECTIVES

These simple therapeutical approaches imply:

- ✓ Reduction of bleeding during tooth extraction in patients with coagulopathies pathologies
- ✓ Budget reduction in replacement clotting factors and maintenance doses
- ✓ Reduction of infection load
- ✓ Faster healing process

Our expertise in evaluating two main variables: local and systemic, proved fewer complications in the post ops.

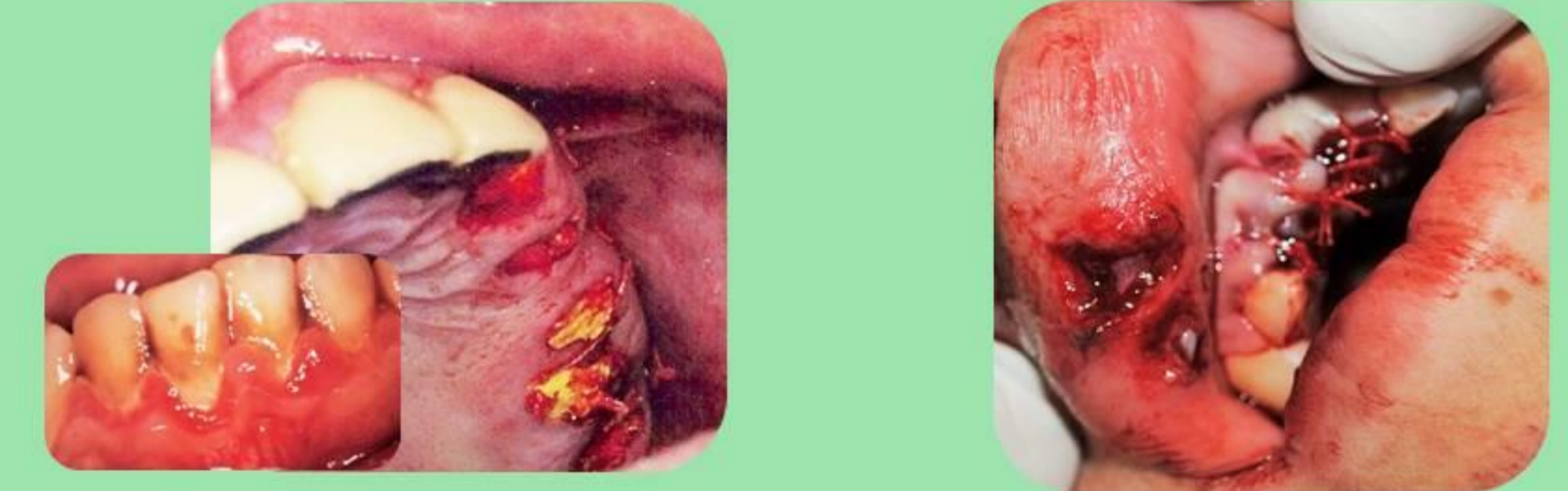
VARIABLES

SYSTEMIC	LOCAL
<p><i>Severity of Hemophilia</i></p> <ul style="list-style-type: none"> • Mild • Moderate • Severe • Inhibitors 	<p><i>Gingival-periodontal field</i></p> <ul style="list-style-type: none"> • Health • Inflamed
<p><i>Pre-existing diseases/ Pathologies</i></p> <p>Hipertense patients submitted to stressfull situations may bleed more quickly as a result of their clinical condition</p>	<p><i>Types of tissue/Blood supply</i></p> <ul style="list-style-type: none"> • Fibrous, ex. palate • Nonfibrous, ex. lip , tongue, buccal cheek
	<p><i>Clot size</i></p> <p>If we compare the remaining clot after an inferior lateral incisor or a third molar extraction, we can observe an evident difference in their size</p>

It is not an easy task to evaluate each component variable. It requires an empirical approach and highly depends on the expert's skills and on evidence-based dentistry rather than on the most compulsory scientific tests .



Multiple tooth extraction in fibrous tissue Tooth avulsion and socket trauma



Surgical environment adjustment:

A. Periodontal:



B. Abscess (haemorrhagic-purulent)



CONCLUSION

We hope that, in the near future, if our objectives and the previously mentioned variables are considered, we may generate a protocole. This usefull tool may help to minimize complicated surgical environments as well as to adjust the missing clotting factors according to circumstances.

