Endodontic Treatment on Patients with Bleeding Disorders

Don Jayawardena[1], Naren Thanabalan[1], Mital Patel[2], Claudia Wellmann[2], Lochana Nanayakkara[2]

[1]Specialty Registrar in Restorative Dentistry, Royal London Hospital, [2]Consultant in Restorative Dentistry, Royal London Hospital

Condition: Haemophilia A & B

Pathogenesis: X-linked recessive

Affliction: Clotting cascade

Deficiency: Factor VIII (Haemophilia A) & Factor IX (Haemophilia B)

Treatment:
Haemophilia A:
Recombinant Factor (VIII)
Desmopressin (DDAVP) – 45 mins pre-op
Haemophilia B:
Recombinant Factor (IX)

Consider pre-treatment tranexamic acid systemic.
Consider post treatment tranexamic acid mouthwash.

Considerations:

- Patients can develop inhibitors to recombinant factors. Always consider your options prior to treatment.
- Consider severity of haemophilia (mild, moderate, severe).
- Ensure the local haematology service is aware that the patient is being seen for dental treatment.

Local Haemostatic Measures:

- Pressure
- Tranexamic acid
- Local anaesthetic (epinephrine)
- Sutures (lacerations)
- Bipolar
- Laser Diode
- Silver nitrate

Condition: Von Willebrand Disease

Pathogenesis: Autosomal dominant

Affliction: Platelet aggregation (primary haemostasis)

Deficiency: Von Willebrand factor

Treatment: Synthetic vWF, Desmopressin (DDAVP)

Local Haemostatic Measures:

- Pressure
- Tranexamic acid
- Local anaesthetic (epinephrine)
- Sutures (lacerations)
- Bipolar
- Laser Diode
- Silver nitrate

Other Conditions	Cover
Idiopathic thrombocytopenia purpura ITP)	Platelet infusion +/- IV Immunoglobulin
Platelet Function Disorder	Platelet infusion
Specific factor deficiency	Specific recombinant factor