Evelyn González

Titicos Foundation, USA

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Editor: G. Sottilotta
Editor in chief : D. Greco Malara
e-mail: ojhm@hemonline.it
https://www.hemonline.it

Letter to the Editor

Clinical Dental Protocol for the Management of Patients with Hemophilia

Introduction.

Hemophilia, a congenital bleeding disorder characterized by a deficiency of factor VIII (hemophilia A) or factor IX (hemophilia B), presents significant challenges in dental care. Oral manifestations and the risk of bleeding during clinical procedures require careful planning and close coordination between dental professionals and hematologists. This protocol is a practical guidance tool based on my clinical experience and the most recent recommendations from the World Federation of Hemophilia (WFH).

Objective

To provide a safe and updated clinical guide for the dental care of patients with hemophilia, emphasizing the prevention of bleeding events, appropriate planning of procedures, and interdisciplinary collaboration.

Preoperative evaluation

- Comprehensive medical history focusing on type and severity of hemophilia, bleeding history, presence of inhibitors, and current treatment.
- Consultation with the treating hematologist to determine need for prophylactic measures.
- Evaluation of the type of dental procedure and its hemorrhagic risk.
- Preoperative testing when invasive procedures are planned.

Procedures by risk level

- **Non-invasive procedures**: cleaning, fluoride application, sealants, oral health education.
- **Low-risk procedures**: simple restorations, orthodontics without extractions.
- **High-risk procedures**: extractions, periodontal surgery, endodontics.

Local Hemostatic Management

- Tranexamic Acid (TXA): Antifibrinolytic agent that prevents fibrin clot degradation. Can be used as mouthwash (10 ml of 5% solution, held for 2 minutes, 3–4 times/day for 5–7 days), gauze application, or oral form under medical supervision.
- Absorbable Gelatin Sponges: Applied directly into the socket, reabsorbed in 4–6 weeks.
- Oxidized Regenerated Cellulose**: Promotes clot formation and stabilization.
- Microfibrillar Collagen**: Enhances platelet adhesion, used in persistent bleeding.
- Trichloroacetic Acid (TCA)**: Contraindicated due to its caustic effect and risk of necrosis.

Postoperative care

- Relative rest.
- Clear instructions regarding diet, hygiene, and alarm signs.
- Continued use of TXA as needed.
- Clinical follow-up within 24–48 hours.

Prevention and Education

Preventive care is fundamental. Proper brushing with soft-bristled brushes, daily flossing, alcohol-free rinses, fluoride treatments, and regular dental visits (every 3–6 months) help avoid invasive procedures. Educating patients and families on oral hygiene and involving medical teams are essential to prevent complications. Like in healthy individuals, prevention is the key—but for patients with bleeding disorders, it is even more crucial.

Special Considerations

Older adults and patients with hematological conditions due to medication (e.g., chemotherapy, anticoagulants) face similar bleeding risks. I have seen how what appears to be a simple extraction can turn into a complex situation without proper assessment. Compassionate, adapted care is essential for all these individuals.

Advances in Hemophilia Treatment

- Extended half-life clotting factors prolong protection.
- Non-replacement therapies promote endogenous coagulation.
- Personalized prophylaxis plans allow better planning of dental procedures.

Final Reflection

This protocol is not just a technical guide: it is a reflection of my commitment to caring for patients. Each case is unique, each person deserving of attention, preparation, emotional compromise and respect.

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Conflicts of Interest

The authors declare no conflict of interest.

Corresponding author

Dr. Evelyn González. Titicos Foundation (USA). E-mail: evealmamia@gmail.com